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No. 1.

VOLUME SECOND—NUMBER FIRST.

At the commencement of a new volume of the Hahnemannian, we feel a strong impulse to press forward rather than to look back. And yet all that is prospective and hoped for must be inseparably connected with that which is retrospective and experienced—even as the future is ever being raised upon the foundations of the past! So the labors of the year that is closed, our extended acquaintance and still more extensive correspondence, serve but to point out more clearly the needs of the members of the Profession, and thus to indicate with still greater accuracy the duties of the medical Journalist. And we see opening up before us the rapid and mighty progress of Homœopathy,—as in a vast historical panorama, in which the slow advance of by-gone years is concentrated and represented in the accelerated movement of a single hour.

In the Dead Sea calm of apathetic indifference and inaction, there is neither life nor hope. But where there is action, however antagonistic, there is movement,—which if rightly guided and inspired by sound principles, must become a truly progressive life, and must lead to the most beneficent results. *It is in the struggle, that truth gains the victory!* It is in the

contest of truth with error, that the great principles which sustain the former and the fallacious sophistries which are adduced in support of the latter, are made to stand forth in bold and opposite relief. And to one so situated as to command a bird's-eye view of the Homœopathic horizon, it is alike gratifying and astonishing to note the changes that have been wrought even during the brief space of a single year,—to see how much of the old bitterness and exclusiveness has melted away on the one hand, and how greatly the regard for the purity and simplicity of Homœopathic doctrine and practice has increased on the other,—and how much more ready than formerly are the leading men of all sections and parties to meet and fraternize on the common ground of the essential Law of the Similars, and to agree to differ in respect to the open question of the Dose! And it is this very consciousness of growing harmony, this realizing sense of a possible if not already an actual cooperation on the most extended scale and with the most far-reaching aims, that inspires us with an all-sustaining faith in the future of Homœopathy.

But in order to secure the greatest possible progress, it is not sufficient that the same general aim should inspire all parties alike. We must cooperate in action as well as in principle. To work intelligently for the same great ends, requires that we should no less unitedly employ the most appropriate means. And as unity of action is essential to the attainment of the great objects of the Homœopathic Profession; so the employment of the same principal means for the accomplishment of any of these high objects, cannot fail to secure unity of action, thorough practical cooperation—the highest aim of all.

Let it be permitted to us then to indicate briefly some of these means, in which all may unite to forward the great ends which we all alike desire,—means toward which the most active and far-seeing are now turning their attention, as alone capable of increasing the strength of the Homœopathic Profession in a ratio even superior to its rapid increase in numbers.

I. *Organization.* This constitutes the difference between an unstable mob and a determined and invincible army. But this must begin at the beginning,—not at the end! The foundation stones of Venice,—city of the sea, around which are swarming now the armed legions of Europe,—were laid not in the gilded domes and high raised arches of her palaces—but humbly and in obscurity. So in the Homœopathic organization, the county societies must be based on those of towns and cities; the State societies on those of counties; and the American Congress of Homœopathy must be raised upon the broad foundation of State organizations combined. Thus only can the American Institute, a grand central organization, grow with the growth, and strengthen with the strength of Homœopathy throughout the continent. From the absence of such a complete organized system, the Institute has become just the reverse of what it should be; and now appears weak-kneed and unwieldy,—and it would be top-heavy, had it cohesion enough to bring itself together.

But in thus beginning at the beginning, individual physicians must be noble enough to rise above the petty jealousies of domestic practice,—must not be afraid to speak to each other—must be men! Nor should the older and experienced physicians be too proud or too exclusive to associate with the junior members of the profession. What if they do consider these younger men but poorly qualified to represent the cause of Homœopathy? They do not necessarily endorse them by entering into society relations with them, while they may greatly improve them. And the older, abler and more experienced physicians ought to realize the responsibility they are under to the profession at large, to the communities in which they live, and even to their junior colleagues, not to withhold from these latter the lights of their larger experience. Every local and county society should be like the Groves of the Academy in ancient Greece,—where the wisest men engaged in friendly and instructive discussions with the studious youths who surrounded them. And it may happen even to the neophyte in Homœopathy, to meet with some new or very

rare form of disease, or to make valuable observations in practical medicine.

II. *Education.* This great and essential means for securing the highest practical success of Homœopathy, pertains alike to physicians and to students; and can only be said to be thoroughly provided, when through the established schools of medical learning, through the Homœopathic journals, and through the discussions carried on in the larger and smaller medical societies, all the younger and less experienced members of the profession have the opportunity of availing themselves of the stores of practical knowledge accumulated by their elders.

We have five medical schools in successful operation; and we do hope that no motives of mistaken kindness, no desire to present a long list of graduates,—or to fill the college treasuries, will be allowed to secure the graduation of a single insufficiently qualified individual. No policy can be more suicidal than that which crowds the profession with persons whose sheepskins constitute their only evidences of medical education. We might as well fill our pharmacies and our medicine-cases with dilutions prepared by holding a vial containing the first drop of the tincture under a faucet, and filling and emptying it a hundred times. It will be observed that the better educated Homœopathic physicians will not only be the more successful themselves, but they will, from their education and success, draw around them others desirous of obtaining a thorough medical education. Many men indeed become more or less personally successful in their private practice, who never had the advantage of a good medical education; but very few such ever become educators or preceptors of medical students. Thus every well-educated young physician may become in time the parent of a numerous family. We do hope then, that the faculties of all our colleges will maintain the purity and the elevation of the standards. No fields of labor are more hopelessly discouraging even for a good Homœopath, than those in which one unqualified has vainly tried to establish a practice.

There are some eight or nine Homœopathic periodicals, mostly devoted to the profession. These we regard as invaluable means of medical education, as well for the student as for the physician, in rendering common property many precious treasures of experience, which would otherwise have been limited to a few, if not entirely lost. But in speaking here of the proper sphere of the Homœopathic medical journalist, we merely express our views of our own duty, without implying that they should be extended to others.

In our own Monthly then we seek two important objects; *the inculcation of sound Homœopathic doctrine*; and *the publication of practically useful information*. With regard to the former of these objects, we have no need to enlarge in this place, further than to state that in the future as in the past we shall endeavor to advocate pure Homœopathic principles and practice, according to the best of our knowledge and ability; and that we are encouraged by accumulative evidence that our humble efforts in this direction during the past year, have not been entirely without result. But in the matter of publishing *practically useful information*, we wish to state that we regard this of no less paramount importance. It is by no means our object to render the Monthly a learned medical journal; we shall be better satisfied to see it become a *useful one*,—truly useful to all the profession; and as containing new provings and indications for new remedies, useful even to the most experienced of its members. This does not prohibit the insertion of well-written articles on “the other side;”—the discussion of disputed questions, the defence of truth and its separation from sophistical entanglement with error being considered doubly useful.

But among the most important means of medical education, are to be included the voluntary associations of Homœopathic physicians already spoken of in reference to organization. Each of these societies is a true medical school on a larger or smaller scale,—where every one may in turn be a teacher or pupil. And these societies afford a most important and ready instrumentality for the preservation of *mortuary statis-*

tics. For one individual physician to keep singly a necrological record would seem no very pleasant task; but this is easily done in a society,—each one in turn being called upon to supply such data as have occurred in his practice since the preceding meeting, and to give a statement of the history and treatment of the case; these being taken down by the scribe. The accumulation of these statistics is a work of time, and however unwelcome the task may seem to some, the consciousness of the grand results which must be derived from them, ought to suffice to overcome all such repugnance.

III. *Homœopathic Life Insurance*, or rather insurance in a company whose rates and premiums are based on the more favorable results of Homœopathic practice, is another most important means for promoting the highest success of Homœopathy itself. This may not seem entirely obvious at first to some, who may therefore be inclined to think we attach too much importance to the subject. But we believe a little consideration will make the matter clear. The assured superiority of the Homœopathic treatment in prolonging the average of life, believed by all Homœopathists, is made the basis of a vast and most gigantic enterprise, whose *object is to demonstrate this fact in the most convincing manner to the Allopathic community.* This is to be done through the triumphant success of the Company itself through a course of years, insuring the patrons of Homœopathy with perfect safety, and on the most extensive scale through a large number of the States, at rates ten per cent. less than those of any other responsible company. In this manner will the comparative superiority of the Homœopathic practice be most triumphantly established by means of positive pecuniary demonstrations, which can be neither overlooked nor denied. Let the profession and the patrons of Homœopathy unitedly sustain those Homœopathic Life Insurance Companies already organized, and others which will spring up as the first experiments are proved successful,—and we shall see vast numbers of the Allopathists changing their mode of treatment,—not merely that they too may avail themselves of the reduced rates of

life insurance, but that they also may become participators in the same increased prospect or expectation of life, of which the success of the Homœopathic Insurance Societies affords them the most satisfactory demonstration.

We had hoped to have seen this subject receive in the American Institute, the measure of attention which is demanded by its importance. But it was necessary to spend a good deal of time in considering whether the Institute should not undertake an impossibility,—that is, go into the book publishing business with neither capital nor credit. A few earnest-minded and far-seeing physicians perceive in the little cloud no bigger than a man's hand, the source of a perfect deluge of convincing facts which shall sweep away the popular prejudices against Homœopathy, and convert the Allopathic communities by wholesale. And such powerful organizations, with numerous agents extending their operations over the length and breadth of the land, must prove a most efficient bond of union and cooperation in the Homœopathic ranks. These ranks are rapidly extending, at a constantly increasing ratio of progression.

And with such great spheres of usefulness opening up before us, we enter upon our second volume, encouraged by the consciousness of the warm approval, and sustained by the promise of aid from many of the oldest, most active and intelligent members of the profession throughout the country. Encouraged still more by the consciousness that we are truly working for humanity; and that the noble work in which we are engaged, is greater than any of its friends,—greater even than all its friends; and that it will still go on, when we shall have played our parts and passed from the stage of human action.

REMARKS ON TUMORS,

Before the Philadelphia County Homœopathic Medical Society.

BY H. N. GUERNSEY, M. D.

The object of the Society, mutual improvement, should be distinctly understood, and the first one digressing in the least from this object, should be called to order at once. This is necessary in order that the valuable time of physicians assembled here, for this great purpose, should not be squandered, and the primary object of the Society itself defeated.

We do not wish to listen here to the details of surgical operations, unless there is in them something original, something new,—something not already laid down in the books. Nor do we come here to spend our time in listening to essays, reports, or other papers which merely embody what is already perfectly familiar to the profession. No new point in surgery has yet appeared in all that has been brought forward in these discussions,—with the single exception of that by Dr. B. W. James, on a new method of inducing anæsthesia,* which bids fair to become very useful, since it only benumbs the particular part to be operated upon, thus avoiding the dangers of general etherization.

During the preceding meetings of this Society the subject of tumors has been warmly discussed, and the proper plan of treatment clearly pointed out by the older members of the profession. And these men of close observation and large experience have decided for themselves and now solemnly declare to the profession, in these discussions, that the most proper plan of treatment is by internal medication. And now what does it amount to for the younger members to rise up and give their opinion and express their belief and state what they

* Vide Hahnemannian Monthly, vol. I. p. 484.

think or believe they know, in opposition, without fortifying such opinion or belief by any substantial reasoning, or by any array of facts of experience? And what does it amount to for such junior members of the profession to deny the opinions and experience of their elders, without first faithfully testing the remedies and method of internal treatment upon which that experience and those opinions have been founded? By such a course these younger physicians simply show that they have no more respect for the practice of these older Homœopathic physicians, than have those of the Old School, the allopathic physicians themselves! Such men, although professing to be Homœopathic, have not the honesty of heart and purpose of Dr. W. Channing of New York, when he resolved to test Homœopathy faithfully, in order to prove its fallacy. And, gentlemen, you know the result; he embraced the principles of Homœopathy, and lived and died a Hahnemannian!

I have desired, Mr. President and gentlemen, to offer a few remarks in continuation, on the subject of tumors; and with your permission, I will avail myself of the present opportunity. And as what I am about to offer can only be disproved or confirmed by honest and careful trial, I beg that I may not provoke a reply,—at least for the space of six or twelve months, until the principles I am desirous of presenting shall have been fully tested by careful experience. And then, if they prove false or unreliable, let them be condemned.

That form of tumor called *infantile hernia*, is what I wish to call your attention to this evening. By extensive observation I am persuaded that it is never useful to apply bandages or trusses in these cases, whether the hernia be congenital or otherwise. The properly selected Homœopathic remedy is always sufficient to cure the case. I propose to describe my treatment in such cases, so clearly that any gentleman can test it and satisfy himself whether it is successful or not.

I give *Calc. carb.*, ²⁰⁰ or ¹⁰⁰⁰, a single dose, if the child be of a leucophlegmatic temperament; very open fontanelles; perspires freely about the head on sleeping, so as to wet the pil-

low far around; or when the child is colicky, and cries much by spells day and night; does not sleep after three A. M.; often cries much then. After a single dose as above, the child is usually a little better at the end of forty-eight hours,—sometimes worse;—but we must wait, give Sac. Lac. if we think proper. The child soon improves, and in the course of two, three or four months will be cured of colic, sweats, hernia and all. It may be necessary to repeat the dose once in one, two or three weeks, as the sufferings of the child indicate.

Cina, ¹⁰⁰⁰ I give in these cases, where the child does not thrive, and never sleeps quietly; it is always in motion even in its most quiet slumber, which is never long at a time; when awake it always cries and is very cross; it sometimes refuses almost everything offered; nothing seems to satisfy it; it is continually worrying and crying. After a single dose of this remedy, the child will become more quiet. Never repeat the remedy so long as the patient continues to improve; and in a few weeks it will be plump and fat and well.

Borax will be found indicated when the child especially dreads a downward motion; even when asleep it suddenly awakes if an attempt is made to put it down in the cradle, or crib, or to lay it in bed. It is also very nervous; the rump-ling of paper or of a silk dress, sneezing of others, the fall of a door-latch, or other similar thing, causes it to awaken, and when awake it cries nearly all the time; it does not thrive; it is very apt to have a brown, watery diarrhœa. One dose of Borax frequently cures entirely. Repeat the remedy after some days, if necessary.

Nux v. will be indicated when the child has a large hernial tumor, perhaps in the scrotum. It has crying spells, in which the feet are alternately drawn up and stretched out again: These (colicky) spells are apt to occur after ten o'clock at night, or early in the morning. The bowels are rather costive, the passages being large, difficult and seldom,—or small, frequent and painful. The child does not sleep well, and has a poor appetite; if walking about, the tumor looks blue.

Silicea will be indicated when the child is very tender to the touch around the tumor. The tumor is painful and the child is easier when it recedes. It vomits up its milk profusely after nursing. The child dreads to be moved. Frequent colicky pains,—which are relieved by the discharge of very offensive flatus.

Stannum will be indicated where the sufferings are relieved by pressing on the abdomen. It must lie over the nurse's shoulder, across her knee, or the hand must be pressed firmly upon the abdomen, when the colicky pain is relieved. Under such circumstances *Stannum* will cure the child and the hernia will disappear. A single dose of the two hundredth is often sufficient.

Hernial tumors treated as above,—either with some one of the remedies mentioned, or with any others that may be indicated by the symptoms,—will permanently disappear in the course of from one to four months. Much pains should be taken to prescribe the proper remedy at the outset; be sure that the indication is complete, and the result will be preëminently successful. The surest sign that the proper remedy has been given, will be that the child becomes more comfortable. In the course of forty hours there will be a diminution of the symptoms that especially indicated the remedy; then we must wait so long as the slightest sign of improvement continues; and the tumor will become less and less till it finally disappears.

Try this method, gentlemen, honestly and faithfully for one year, and then you will be prepared to report on my suggestion.

This mode of treatment of this particular form of tumors, sufficiently illustrates the principles involved in the treatment of all forms of tumors. If we answer to the genius of the disturbance which caused the tumor, and prescribe the corresponding remedy, the tumor itself must disappear. The same is true of the felon, the aneurism, the decayed tooth, the sphacelus, &c. It is to be hoped that the verbal discussion of tumors will now give place to honest trial of the proposed method.

Although foreign to the present theme, I cannot forbear remarking, in conclusion,—especially since you are about to consider the subject of Cholera,—that in those cases of cholera, cholerine, diarrhoea, dysentery, &c., where the evacuation is attended with crampy and tearing pains, running down the posterior portions of the thighs and legs during every evacuation of the bowels, *Rhus tox* will prove curative.

PROVINGS AND OBSERVATIONS.

CAMPHORA AND CUPRUM METALLICUM.

BY B. FINCKE, M. D., BROOKLYN, N. Y.

The symptoms in the following provings obtained by High Potencies, present an obvious analogy with the symptoms obtained from larger doses, as described in Hahnemann's *Reine Arzneimittellhere*, 2d ed., vol. iv., p. 149, and *Chronische Krankheiten*, 2d ed., vol. iii., p. 212.

This analogy we indicate by placing the respective numbers of Hahnemann's symptoms behind each corresponding one.

A. CAMPHORA.

First Proving.

October 24, 1864. MARY S., 10 years of age, of German descent, blonde hair, blue eyes, of good mind and body, perfectly healthy.

Put six pellets of Camph. 22m. (centes.) upon her tongue, at 7½ A. M.,—not knowing what she was taking. In the forenoon, after 9 o'clock, when at school, she got throbbing headache in the forehead, over the root of the nose, with heat, 3. 4.

Chilliness over the whole body, 88. 89 (212) (216) (220.)

Heat all over the body, (226) (227) (228) (230.)

Warm perspiration on the forehead, 98.

Nausea, (77) (78) (79) (80.)

Cramp-like pain in the abdomen, with diarrhoea following, several times, (93)?

About noon every complaint was gone, she had a good appetite for dinner, and was as well as before.

Second Proving.

May 9, 1866. The same prover. Took six pellets of Camph. 22m. (centes.) in a powder of sugar of milk, at 2 P. M.

Towards evening she felt aching in the middle of the head, from the forehead, backwards, which lasted through the evening and next day, (16) (17) (18) (23.)

The next day, stitch in the hepatic region from before backwards, worse in running, 36?

Pain in the abdomen, as if she would get diarrhœa, which, however, did not come, (93)?

In the morning, disturbed countenance, with blue rings around the eyes.

The next day she was quite well.

Third Proving.

May 21, 1866. The same prover. Took Camphor one grain of the first centesimal trituration.

She remarked, that it smelled like Camphor.

Immediately after taking, obstruction of the nose in the right side, then secretion of thin mucus (coryza).

Slept well.

Next day the coryza was gone. The whole mouth interiorly, with tongue, gums and palate, feel as if swollen. Then she was well.

Fourth Proving.

May 24, 1866. From a dose of one grain camphor second centesimal trituration, she observed nothing whatever.

B. CUPRUM METALLICUM.

First Proving.

February 22, 1866. THERESE S., 9 years of age; sister of the prover of Camphor; brunette; good constitution, somewhat inclined to melancholy, otherwise well. A. M. 10. Cup. met. 1m. (centes.) one drop. Shortly after, cutting pains below the navel, with thin stool like water, the abdomen being painful on touch, recurring several times through the day. 179, 180, 184, 194.

February 23. Slept very well last night; had merry dreams. (Curative action.)

Cutting pains below the navel, with painfulness of the abdomen on touch, several times during the day. 179, 180, 184, 194.

Tiredness all day.

At noon, stitch along the whole left leg from the hip down, but mostly in the joints of the knee and foot.

A stitch through the whole head, from the forehead near the hair backwards.

Pains as if swollen and sore in the right axillary joint, afternoon.

February 24. Slept well and had merry dreams. For the two days last past she was very cheerful; last night, especially, she was full of fun and laughter. (Curative action.)

February 25. After rising in the morning, pain as if beaten in the right axillary-joint, as if she had fallen upon it. Later, the same sensation from the right elbow-joint into the fingers, lasting all day long.

Then she was well.

Second Proving.

March 19. The same prover took twenty pellets of Cupr. met. 10m. (centes.) at bed-time.

March 20. Stinging as with a needle in the right side of the head, ever since the morning.

March 21. Darting from the hepatic region to the pit of the stomach

March 22. Stitch through the left arm, especially from the elbow-joint to the fingers' ends.

Tearing around the navel, about 10 A. M.

After that she was well.

Third Proving.

May 12, 1866. The same prover took six pellets of Cupr. met. 44m. (centes.)

May 13. Feels no change whatever.

May 14. Cutting pains around the navel, 194, as if she would get diarrhoea, which however did not come.

After that, well.

Fourth Proving.

May 12, 1866. M. S., the first prover, took at 9 P. M. six pellets of Cupr. met. 50m.

May 13. She slept well. At 6 A. M., cramp-like pain in the abdomen, as if drawing together with a fist, and urging to diarrhoea without effect.

Stitches in the hepatic region in the axillary line, obliquely through to the pit of the stomach.

Redness of the face, with heat and sometimes cold running over the body. After that she was well.

OBSERVATIONS.

1. Nausea, cramp-like pain in the stomach and diarrhoea, together with chilliness and heat all over the body, warm perspiration at the forehead, throbbing in the forehead with heat, in the first proving; also, the disturbed countenance and blue rings around the eyes, in the second proving; give a very good picture of the beginning of a Cholera-case in times of epidemic Cholera, and would be homœopathically met by Camphora according to the foregoing provings.

2. The above reported provings with Camphor in a potency as high as 22,000, show the fallacy of considering the property of volatility as prejudicial to efficaciousness. The prover accidentally smelled the Camphor in its first trituration, and observed nothing more from it, than a simple coryza, lasting a short time, and a sensation of swelling in the mouth, whilst from the 22,000 which she did not smell, she observed a train of quite characteristic symptoms. At the same time, this experiment proves that a most volatile substance is capable of potentiation even by trituration through the three first centesimal grades.

3. The symptoms in Camphora of nausea, together with cramp-like pain in the abdomen, with following diarrhoea, are entirely new, and point to its efficacy for Cholera. Also the stitch in the hepatic region is new.

4. The circumstance that the prover of Camphor was blonde and of blue eyes, may have enhanced the action of the remedy in her case; for Camphor is known to affect delicate, blonde, scrofulous children more than torpid natures (Emmrich.) But we note that our prover was neither delicate nor scrofulous, but only blonde and finely organized.

5. Concerning the provings with Cupr. met., it will be seen, from a comparison with the old provings, that our provings present several interesting features. Almost all of the symptoms above reported are entirely new, and show the physiological relation by their physiological connection, to those obtained by larger doses, only in some points, and then it is

unmistakable. But in some details they are more distinct; particularly remarkable is the affection in the hepatic region.

6. Inasmuch as it is impossible to assign the precise limits between primary and secondary symptoms, it appears to be inappropriate, for practical use, to divide upon the theoretical distinction between primary and secondary action. From the rapidity of action of Camphor, Hahnemann himself inferred that it is most difficult to understand, because the primary, secondary and alternate actions run into each other.

That division is made on pure theoretical grounds; for, in the given case, nobody can practically sever the primary action of the remedy from the secondary action of the organism. The fact is, that what we observe after the taking of a remedy, is already the result of the mutual action of the remedy and the organism; and hence it cannot be said exactly to belong to either the one or the other. They both combine in order to give the observable symptom, and all we know of the remedy after its susception, is the symptom appearing in the subsequent change of the state of the organism from health to disease.

Now, this mutual action between organism and remedy actually continues as long as there is anything of the remedy or of the force it exerts, being left, and able to cause a change. And from this continued action we have a series of actions and reactions, or mutual actions, the terms of which are indicated by the symptoms appearing from time to time.

7. When, in the course of time, opposite or contrary symptoms make their appearance, as is frequently the case, it does not follow that this is a secondary action. Nor is it a secondary action when the organism tends to "indifferentiate itself (Org. § 64), that is, to prove its overweight by extinguishing the change caused, from outside, (by the remedy)," which is what Hahnemann rightly calls it, only a "*Nachwirkung*," i. e., an after-action, simply following the "*Erstwirkung*," i. e., first-action, in the order of time.

All the symptoms indicating the actions of a remedy in the organism, are as one continuous curve, which may assume

all possible shapes, including the contrariety of action, as well as the action's tapering out to nothing, going on sometimes in a circle to its speedy termination, sometimes to a slower and more tedious end, in a more or less irregular line, frequently receding, and sometimes even assuming similar forms.

8. From these considerations it follows, that all the symptoms appearing in a healthy body, after the remedy has been taken, and every one of them have equal pathopoetic and pathoctic value, being as curative in a given similar pathematic case, as it is probative in the present pathopoetic case, always provided, that precautions have been taken against other pathopoetic influences, affecting the organism during the time of the proving.

And here it will appear, how absurd it would be to take such a symptom, for instance, as the death-rattle, as diagnostic for cure by Camphor or Opium, because they, on poisoning, produce a similar death-rattle.

Nobody can blame Homœopathy if, notwithstanding the truth of the principle, *Similia Similibus Curantur*, she cannot always save the patient after a protracted or fatal disease. For, in such cases, the potentiality of the organism is too low to admit of the proper mutual action between organism and remedy, and hence the mutual action cannot take place at all, even if the remedy be suscepled at all. Where the potentiality of the organism is high enough for admitting the mutual action requisite for cure, there the infinitesimal dose of the Simile will certainly cure the similar rattle, and thus prevent its becoming a death-rattle.

Thus it is explained how symptoms resulting from poisoning doses, are made available for cure.

9. Hering and Boenninghausen found that those symptoms which are the last to appear in a proving, are the most valuable, because they are characteristic of the remedy. This observation has been confirmed by competent observers, and it strengthens our proposition. At the same time, it admonishes us, to multiply provings by the potencies in single doses, with sufficient time for the full sway of their actions and

reactions, in order to ascertain the proper and characteristic action of the remedy.

10. Unfortunately, Toxicology furnishes means enough to know the poisonous actions of the remedies, and they ought to be carefully observed and analyzed for our therapeutic use. But our problem is not to poison ourselves or our friends for the purpose of knowing the curative action of a remedy. The criterion of a good proving is, not the relation to death, but it is the relation to disease shown by the perturbation of the oscillatory equilibrium of the healthy organism. For probative purposes, the rapidity of poisonous action does not help anything; it only confuses the observation. But the purely pathopoetic action, after showing as much rapidity and sufficient intensity, presents a clear conception and distinct detail of the picture, finer than that from toxic action.

11. With such amplification, our provings will become the blessings of the human race, if they are carefully pursued with all kinds of healthy people. That the provers themselves can only gain by such proving, is well known. The action of the remedy in the organism serves as a most wholesome kind of infinitesimal gymnastic exercise in those parts which are not reached by the club, or the dumb-bell of the gymnasium, useful as they are.

12. By the provings here reported, we observe that from the high potencies more symptoms have been experienced than from the low ones. From this the inference is, that these high potencies for probative purposes must be more available than low potencies.

And since the high potencies prove so efficacious in healthy persons, producing symptoms similar to such as are so much dreaded in a Cholera season; and since it is probable that where the susceptibility of a poison is very high, the lower potencies might have a tendency to produce a choleraic disposition; it would seem advisable, for preventives, to use only the higher potencies.

For in crude drugs and lower potencies, the tendency is

towards poisoning, in the higher potencies it is towards aegrotation.

13. Herein we perceive the reason, also, why the large doses of the Allopathic school prove murderous in Cholera, and often when used as prophylactic, tend to produce the very disease against which they were directed. The case of the "Virginia" is in point. When she sailed from Rotterdam, no case of sickness occurred in the first eight days, all the passengers having been well in the port. There was no Cholera in Germany at the time. And yet the Germans on board were by quarantine declared to be affected with Cholera, which the proper sanitary authorities failed to discover. These are contradictions, explained by the considerations, that after about a week, not only sea-sickness, but also worse diseases, may have been developed from the crowded, filthy, and unhealthy condition on board, especially among the German people, who never had been at sea, and are of cleanly and temperate habits (see the letter from the Hanseatic Legation, New York, May 31, 1866. *Tribune*, June 1, 1866); that they were treated, *lege artis*, by the Allopathic emetics, purgatives and narcotics, so that, by the time they got to New York, a state of disease had developed on board which the quarantine, eager for prey, denounced as Cholera, but which the sanitary superintending officers failed to detect. (See *Med. Surg. Reporter*, vol. xiv., p. 396.)

The same was probably the case with the so-called Endemic Cholera on Ward's Island, where, in November and December, 1865, they had 31 cases, of whom 27 died ($87\frac{1}{10}$ per cent. mortality.) The medical portion of the Board of Health decided it to have been genuine Asiatic Cholera; but then, being bound to have the Cholera in New York, because they predicted it, and made capital out of the panic spread over the people, they speak *pro domo*, and cannot be expected to denounce their own treatment.

14. Dr. Guyon, in *Galignani's Messenger*, reports, that by the immunity of the mining population of Fahlun from Cholera, which has been attributed to the sulphurous vapors

emanating from the copper pyrite, worked there on a large scale, the doctors were led to recommend vapors of sulphur against the spread of Cholera.

But afterwards it became known that the people of La Sanfriere, in the island of St. Lucia, in 1854, being exposed to the constant sulphurous smoke rising from below, suffered most, and therefore Dr. Guyon concluded that the cause of Cholera in Fahlun was wanting.

Now Dr. Bureq found (what was known before) that copper was a preventive against Cholera, and it is stated that Dr. Lisles, of Marseilles, by using Sulph. of Copper "in much smaller doses" than Dr. Bureq had used, *saved* the lives of 21 Cholera patients out of 26 ($19\frac{1}{2}$ per cent. mortal.), whereas by the ordinary treatment, 28 died out of 36 cases ($77\frac{7}{9}$ per cent. mortality).

If they would have consulted the *Materia Medica Pura*, and other writings of Hahnemann, they would have found that he, as long ago as the year 1831, recommended and used Copper as prophylactic and curative for Cholera, when indicated by the pathopoetic symptoms.

15. Lately, the Allopathic fraternity, by their failures in the treatment of Asiatic Cholera, and by the favorable percentage of the Homœopathic treatment, seem to be taught to look for Homœopathic remedies, as they are recommending such, albeit in a form more congenial to their old habits, than to scientific progress. So, for instance, Hamlin's Mixture, among several tinctures of Opium, Capsicum, etc., contains a small proportion of Camphor, which is the only remedy in it being Homœopathical to Cholera. If, as Rev. Dr. Hamlin observes, this mixture did save many patients, it may be owing to the advanced stage of the epidemic, and ascribable, probably, to the Camphor to which the other ingredients serve as a vehicle. However, such mixture is neither trustworthy nor Homœopathy. We know through Hahnemann (*Reine Arzneimittellehre*, 2d ed., vol. iv., p. 152), that Camphor is the antidote of Opium and Capsicum, and Opium is the antidote of Camphor.

Another instance is Dr. Griscom's, of the New York City Hospital, recommendation of 2-4 grammes of Sulphuric Acid, to be dissolved in 1,000 grammes of water, with 150 grammes of simple or Raspberry syrup, one glass to be taken every hour. (*Scientific American*, vol. xiv., p. 316.) Dr. Griscom conjures the brethren of his faith to apply this infallible remedy, euphoniously styled "the mineral lemonade." Is not the doctor getting rather dangerous to his side of the house? Sulphuric acid in large doses produces in the healthy (Chron. Krankh., vol. v., p. 323) severe nausea; vomiting of water; vomiting of pure water, and of the food taken the evening before, with continued nausea; cramps in the stomach and abdomen; diarrhœa, watery and green; retention of urine, diminution of urine; subsultus tendinum; chilliness; prostration; all of which are symptoms bearing no little similarity to the symptoms presented by certain cases of Cholera. But by no means is Sulphuric Acid one of the most prominent and effective remedies for Asiatic Cholera. The Allopathic brethren may be frequently disappointed with "the mineral lemonade," containing a small dose of Sulphuric Acid, if its application is not indicated homœopathically.

These instances could be multiplied, if space and time would permit. They all show how the Allopathicians are silyly making for Homœopathy. Here, indeed, it looks as if they begin to heed Hahnemann's admonition, and fall back upon the minimum dose, which they used to hold up as so very ridiculous, whilst at the same time they strenuously ignore and deny Hahnemann's other admonition, to heal by symptom-similitude, which he absolutely connects with the proviso of the Least Dose.

16. In this connection it may be well, then, to mind the danger growing out of an indiscriminate use of Homœopathic remedies, in Allopathic hands, without regard to *Materia Medica Pura*. It is of one piece with the sleight-of-hand appropriation of Homœopathy by Allopathists, which we conceive to be going on. The trick is, to move Homœopathy out of sight of the people, so that they may take it, or a part of it,

unknown, and make capital out of it under the old firm. This danger is as great as that of an indiscriminate use of Homœopathic remedies in Allopathic doses. The dominant school is evidently raising dust and muddying the stream, to cover the true issues. They have commenced dequantitating their remedies, and will try to take the credit for the same thing for which they ridicule Hahnemann,—and they may succeed, if we do not look well to our laurels! Let us take heed.

“The commensurateness of a medicine for a given case of disease,” says Hahnemann, *Organon*, § 275, “rests not only upon its striking Homœopathic selection, but just as well upon the requisite correct magnitude, or rather littleness of its dose. If one gives an all too strong dose of a medicine, even fully Homœopathic, for the present state of disease, it must, notwithstanding the beneficence of its nature, *per se*, yet do harm by its largeness and by the overstrong, here unnecessary, impression, which it makes upon the vital force, revolting thereat, and by it even upon the most sensitive parts, most affected already by the natural disease in the organism, in virtue of its Homœopathic Similitude—Action.”

NOTICE.

The first number of Volume Second is sent to all former subscribers, and to some few who had not previously subscribed. If there are any who do not wish to subscribe for the Second Volume,—after perusing this number,—we would be pleased to have them return it.

ARUM TRIPHYLLUM.

BY AD. LIPPE, M. D.

The attention of the profession has been called to the curative effects of *Arum triphyllum* in Scarlet Fevers, first in the *Homœopathic News*; later clinical observations were published on the 28th page of the second volume of the *American Review*. Attention was called to the remedy by Dr. Hale in his "New Remedies;" and the characteristic symptoms of this comparatively new medicine were published for the first time in the First Part of the Text Book on *Materia Medica*. Since its first introduction as a curative agent in some forms of Scarlet Fever, the characteristic symptoms have been more closely observed, and it has been successfully administered in quite a large number of cases.

The principal characteristic symptoms of this remedy are those of the buccal cavity, tongue, lips, throat and nose.

The discharge from the nose consists in an ichorous fluid, excoriating the nostrils and upper lip; the nose at the same time is stuffed up, he can only breathe with the mouth open. Similar affections we find under the effects of *Ammonium mur.*, *Castor.*, *Kali hyd.*, *Mezer.*, *Nitric ac.*, *Silicea*.

The *Ammonium mur.* discharge is characterized by its being thicker, and making the nose more sore inside; the nose is either only stuffed up during the night, or only on one side.

The *Castoreum* discharge is watery and acrid, but the concomitant symptom is a violent tearing pain at the root of the nose.

Kali hyd. has great similarity with *Arum triph.*, and a very similar discharge from the nose; the soreness of the mouth is different, as we shall show below. The watery discharge from the nose under *Kali hyd.* causes burning and soreness; but whether it will be curative in other cases than

those dependent on the abuse of mercury,—in which cases it promptly cures the frequently recurring attacks of fluent coryza, with burning in and soreness of the nose, with the sensation as if a ligature preventing the passage of air through the nose—must be ascertained by further clinical observations.

Lycopodium is also similar as to the discharge, but a concomitant symptom is headache, with much heat and thirst at night.

Mezereum. The discharge from the nose is generally slightly streaked or tinged with blood.

Nitric acid has a similar discharge, which is almost always accompanied by cough, with hoarseness and pricking pain in the throat, when coughing or swallowing.

Silicea causes a similar discharge; the nostrils readily bleed from the soreness, which is not the case under *Arum*.

The buccal cavity, the tongue and throat, are excessively sore under *Arum triph.*, so sore and burning, that every offer of drink is vehemently refused.

Kali hyd. has ulcerated tongue and mouth, with soreness and without ptyalism; food and drink are also refused on account of the great pain caused by the ulcerated condition.

Ammonium mur., *Castoreum*, *Lycopodium*, *Nitric acid* and *Silicea* have no sore mouth in the least similar to that caused by *Arum triph.* The burning blisters on the tip of the tongue under *Lycopodium*, and the stinging, pricking ulcers under *Nitric acid*, show the great difference between these otherwise often similar remedies, and determine the choice of either of them in similar diseased conditions.

Arum triphyllum has a red, sore tongue, the papillæ elevated.

The most similar appearance of the tongue is found under *Argentum nitr.*; the papillæ are prominent and erect, and feel sore; red painful tip of the tongue; or the papillæ are erect and painful only on the left side of the tongue, or on the left margin of the tongue, where they form red, painful blotches.

Crocus sat. has elevated papillæ, while the tongue is white. *Tartarus emet.*, *Pothos. f.*, *Merc. bijod.* and *Lachesis* have also

elevated papillæ, but not in any combination similar to that found under *Arum triph.*

Arum triphyllum has excessive salivation; the saliva is very acrid.

Mercurius and *Veratrum* have also acrid saliva and excessive salivation; but have no other similarity with *Arum triph.*

Arum triphyllum has swollen lips; they are cracked; the corners of the mouth are sore, cracked and bleeding. This condition is similar to many remedies, but most prominent among them stands *Mercurius* and *Bryonia*; but no other remedy has this combination as prominent as *Arum triph.*

Arum triphyllum has in combination with the above symptoms of the buccal cavity, lips and tongue, also a swollen, bloated face, swelling of the submaxillary glands, and an excoriated sensation in the throat, impeding deglutition. Another very important symptom, only observed on one Scarlet Fever patient, is great soreness between the abdomen, genitals and thighs, and on and below the os coccygis; this latter symptom has not yet been incorporated among the characteristics in the *Materia Medica*, as it requires further confirmation by clinical experiments before it can be fully admitted, and establishes a closer similarity with *Lycopodium*. The combination of symptoms as here stated, is often found present in malignant Scarlet Fever. In such cases, the first appearance of an alarming condition of the patient takes place on the third or fourth day of Scarlet Fever; the breathing becomes impeded by the nose being stuffed up and discharging a burning ichorous fluid. This condition is sometimes met promptly by one dose of *Lycopodium*; but in the most malignant cases the mouth becomes at once sore, the tongue red, acrid, saliva runs out the mouth in streams, the upper lip becomes excoriated from the nasal discharge, and the acrid saliva causes a swelling of the lips, they crack, the corners of the mouth crack, and both bleed freely if the lips are moved or the mouth is opened. (*Lycopodium* is still indicated if the lips become covered with viscous mucus, which dries on them, and so covers them.) The patient

refuses to take the least portion of fluid, because the opening of the mouth is excessively painful, and the fluid touching the sore surfaces of the mouth and tongue causes great pain; with the increasing soreness, the tongue becomes more red and the papillæ stand up highly inflamed and erect; the sub-maxillary glands also begin to swell, and the patient shows great signs of distress. Before the curative effects of *Arum triphyllum* were known, such cases almost always terminated fatally, notwithstanding the administration of *Lycopodium*, Nitric acid, Ammonium or Mercurius, because they were not the Homœopathic similars. When *Arum triphyllum* is indicated by this combination of symptoms in Scarlet Fever, it should be administered very cautiously; let a potency be dissolved in water and one spoonful be administered once in 3 or 4 hours for 24 hours; it will cause by that time at least a cessation of the increase of this alarming condition, and if it is allowed to exhaust its effects, will gradually but slowly improve the case; its action may last from three to seven days, and very frequently no other remedy and no repetition of the same medicine will be necessary. If it has been exhibited in too large a dose, or if it has been given for too long a time, the patient will become hoarse, and the trachea will be filled with mucus. And if the patient even overcomes the too liberal medication, it will happen that after the period of desquamation has passed over, a second similar eruption, with similar but less severe mouth and throat symptoms, will appear, which will pass off best if left to itself; it is only the legitimate medicinal effect, an involuntary proving. The most certain and unfailing sign that *Arum triphyllum* has not only begun to develop its curative effects, but will surely continue to improve the condition, is the frequent and profuse discharge of pale urine. And this combination of symptoms has not only been observed in Scarlet Fever, but also in the second week of Typhus Fever. And in such a case these symptoms yielded readily to one dose of a high potency of *Arum triphyllum*, and after they had ceased, the patient recovered rapidly. While the cases of Scarlet Fever, as here

described, are not met with frequently, they are surely very alarming, and it would bring much comfort to the sick and to the physician, if the remarks here made were verified and these symptoms fully substantiated by further clinical observations.

Arum triphyllum is an indispensable remedy in affections of the larynx and trachea from over exertion of the voice; especially if the accumulation of mucus prevails, and if the voice is hoarse, uncertain, cannot be controlled; the voice is now deep, hollow, then scarcely audible, and again high, shrieking. This occurs in clergymen, singers, public orators, auctioneers; the action of the remedy in such cases is very rapid, as I have had occasion to observe, especially on opera singers and auctioneers. Application has been made at times early in the morning to give a prominent artist a certificate that he is hoarse and cannot sing in the evening, as advertised; and if the above symptoms were present, one dose of *Arum triphyllum* and silence till evening, were invariably sufficient to supersede the necessity of a certificate, and saved the artist and public many a disappointment. Auctioneers had their voice restored frequently in the course of 3 or 4 hours, under the effect of one single dose, and for the last year I have found the highest potencies of the remedy by Dr. Finke, acting more rapidly than the lower preparations formerly used. In the "Clergyman's Sore Throat," it will do good service, if the above symptoms are present. The preparation from which these observations were gained was made in the following manner: The bulbous root was collected in January, cut up into fine slices, and put in alcohol; from this slightly yellow-tinged tincture the potencies were made, of which I first gave the 6th; but later I have given higher potencies, and seen better results from them, as I continued to give still smaller doses.

THE RELATION OF HOMŒOPATHY TO SURGERY.

BY J. GRANT GILCHRIST, M. D.

The debates on the subject of the "proper treatment of Tumors," at the meeting of the Philadelphia County Homœopathic Medical Society, have been of such interest, and have been the cause of eliciting so much practical information, that I am anxious to obtain a public reply to this paper, for the benefit of the whole profession.

In determining under what circumstances we would not operate, and when we should do so, there are many points to be considered; and among the chief of these is, what has the rate of mortality been under such procedures, judging from reliable statistics. This question has been propounded at our debates on tumors, and answered by statistics of Dr. Atlee and Prof. Sims, on the number of deaths following the operation for the removal of ovarian tumors. These statistics are no criterion, for the following reasons: It is well known that the mortality after operations of any kind, was greater two hundred years ago than it is to-day. This has been attributed to, 1st: the improvements in instruments; 2d, the advances which have been made in operating, owing to a better knowledge of the functions and resources of the body; and 3dly, the vastly superior knowledge of medicine, by which the Old School can more successfully conduct the after-treatment. Now with these facts before me, I contend, that if the mortality of the operations in general, two hundred years ago, was say, ninety-nine in a hundred, and to day among Old School men, is only *forty*, that with our superior law of cure and knowledge of medicine, to which we add *their* improvements in operating, and apply their discoveries in physiology, the mortality of such cases, if the treatment were conducted on purely homœopathic principles,

would be reduced to zero. Hence, do not show us the statistics of *allopathic* surgeons, with allopathic after-treatment, but that of homœopathic surgeons, with the *rational homœopathic* after-treatment. The cause of death after operations for the removal of ovarian cysts, has been either gangrene or peritonitis. What can be done with peritonitis we all know, and with gangrene we all may judge. I have had two cases during the past two years of traumatic gangrene; one of them is worthy of being repeated. After reading the case, judge whether, reasoning by analogy, we may not safely say, that there would be little fear of death from that cause after removing an ovarian tumor. The case has already been reported, but as it is one of interest, and all may not have seen it, it will bear repetition.

Case 11. June 1st, 1865. While under the influence of liquor, this man fell from a canal bridge, a distance of perhaps fifteen feet; he sustained a fracture of the tibia and fibula of the right leg, at about its lower third, of the simple transverse variety. The next morning, on removing the original dressings to put a more perfect apparatus on, the whole lint was covered with large blisters filled with a thick black fluid; some portions of the skin were partially insensible to pain on pricking with a pin, and, to crown all, there was the peculiar gangrenous odor, which once met with can never be mistaken. The case was plainly one of "traumatic cuticular gangrene." We (Dr. Trites and myself) commenced with *Arnica*; but not deriving any benefit, tried at different times *Arsenic*, and *Secale*, with no good results. Finally, on the 5th, we gave one dose of *Lachesis* 200, and in two days, on this one dose, the whole thing was stopped; the blisters dried up, peeled off, and a new skin formed wherever the old one had come off, and a perfect cure was the result.

Amputations often proved fatal, when the red-hot iron and the boiling pitch were the only known means for arresting the hemorrhage; when the ligature was discovered, the rate of mortality was much diminished; and when the irregulars began to appropriate our law of cure, bunglingly and unscientifically as they used it, the mortality was still further decreased. And with the use of the ligature, and our *proper* application of "similia," who can tell that we will ever lose a case.

ARTIFICIAL PRODUCTION OF GOITRE.

BY H. MINTON, M. D.

The cause of goitre is said by M. Maumene, a French chemist, to be the presence of fluorides in the water of certain regions. He has proved this experimentally. He gave a dog fluoride of potassium for five months, and at the end of this time he noticed a peculiar swelling in the neighborhood of the neck. His experiments were not then continued further, owing to the escape of the dog: but when the animal was recaptured, some three years afterward, the swelling was still as apparent as at first, though M. Gaillet, a Rheims physician, did not think it sufficiently prominently marked to justify him in calling it goitre. M. Maumene states that in all countries where goitre is prevalent fluorides prevail in the water.

Dear Doctor, the above slip I cut from the "Scientific American." I wonder if any practical observations could be drawn from the profession by its publication. As far as my observation goes, goitre is a most obstinate disease to treat. I have *never* seen a case cured under any kind of treatment.

I think I have benefitted a few cases; but I am certain I never cured one.

My remedies have been *Spongia, Calc., Lyc., Iod.* I have a case now that *appears* to be improving under Spong.²⁰⁰. The patient thinks her case was caused by the water at St. Thomas, S. A., where she has been living for the past year.

I once cured an obstinate case of ulcerated os uteri with fluoric acid, and always give it with certain success when patients complain of sharp, darting pains *about half an inch in length, like streaks of lightning.*

PNEUMONIA.

BY J. E. JONES, M. D.

Not long since, I saw published, by an English physician (Dr. Wilson, I think), that there was a characteristic symptom for *Lycopodium* in inflamed lungs. Not long afterwards I was called to see a case of this disease in a boy ten years of age. He was taken suddenly and with great violence. All the members of his family were strongly predisposed to chest affections in various forms. The mother, thin, narrow-chested, with deep, hollow cough, spoke strongly of consumption. The father, rather a heavy-set man, and good chest, but a constant bronchial irritation harassing him both summer and winter. One sister, in early life, to all physical signs, decidedly consumptive; brothers contracting colds very easily. The inflammation in this case had extended over one lung, and threatened to implicate the other. With the above family relations and the peculiarity of the case, I gave Phos. The next morning I found the patient much worse. The breathing labored with much oppression, the lung hepatized throughout the middle and lower lobes; high pulse, with distressed, anxious countenance. He was decidedly worse. Almost immediately I noticed the *alæ nasi* were fanning the air with great violence as it passed in and out of the lungs, whether he breathed through the nose or mouth. It was very decided, more so than I have ever seen before or since. The symptom published by Dr. Wilson, as being the characteristic one for *Lycopodium* in this disease came to mind in the "fanlike motion of the *alæ nasi*." Not having *Lycopod.* ²⁰⁰ with me, I gave *Lycopod.* ³⁰, a few pellets in a half tumblerful of water, to be taken every hour until better, then to lengthen the time between the doses.

The following day I saw the case again, and surely the

remedy had acted like a charm: the dyspnoea had all gone; the lung was admitting air in the upper half of the middle lobe; crepitation very much lessened; no fever; reduced pulse; disposition to take food; pain and soreness gone. Surely the boy seemed changed as by a miracle. Continued the medicine at longer intervals for a couple of days, when he was discharged convalescent. The movements of the *alæ nasi* are peculiar and flagrant; when once seen, will not be forgotten. It is different from the frequently observed movement to every lung affection. It is another motion from the rigid expansion of the wing of the nose one can produce by the will. It is a fan-like motion—a waving back and forwards with each breath.

I remember using the *Lycopodium*³⁰ in several cases of inflamed lung since, when there was a slight opening and shutting of the *ori nasi*, but it was not the decided “fan-like motion.” It did no good; the case was not cured, and I looked further for the true Homœopathic remedy.

I wish we could have collected in some tangible shape the *characteristic* symptoms of various remedies in various diseases. Surely they could be collected. Many physicians can give quite a number on which they are accustomed to practice, and which are sure in their results. Why could not the profession record them, and all would be profited? Each giving his experience, he would be indebted to none of the others for receiving some in return.

So far as I have seen recorded, this is the fourth or fifth case of a prompt cure under these peculiar symptoms. There have been others; can we not hear them, thus making it sure to the profession? Have any failures taken place where this fan-like motion has been decidedly seen? Let us know them.

PROVINGS OF BADIAGA.

BY LYMAN BEDFORD, M. D.

Braun's Animal Kingdom places Badiaga among the sponges; division, siliceous spongi.

Spongia Badiaga grows free; it is not inserted in the soil; the external membrane has a greenish color, is loose and porous, having tube-like openings; it grows in fresh water, and is found in ponds, moats and standing waters, Germany; but abundantly in the large rivers and lakes of Russia.

According to analysis by R. D. Thompson, it contains—

Organic Matter.....	$\frac{26}{100}$
Carbonate of Lime.....	$\frac{13}{100}$
Silicea.....	$\frac{50.66}{100.00}$
Phosphate of Lime.....	$\frac{10.10}{100.00}$
Alumina, a trace.	

In Ersch and Gruber's Encyclopædia, vol. 7, page 107, G. H. Ritter quotes Comment. Petropolit. v. 2, and says:

Badiaga is a sponge which can be easily dried and then pulverized to a powder. It contains numerous round, white granules, one side of which are excavated. It has an offensive fishy smell, and is used by the people in Russia, who apply the fine powder to bruised spots originating from being beaten, and they say that in one night it disappears. Lamoignon calls it Ephydatia.

According to Dr. Hering, it is reported to be a great remedy in piles, indurated inguinal glands, bad ulcers on horses, feet or hurts of the hoofs; the duration of its action is forty days. (Lachesis follows well.)

CLINICAL OBSERVATIONS.

"I have had very good results from the use of Badiaga in the treatment of scrofulous inflammation of the eyes, with hardening and induration of the meibomian glands."

"It is a very popular remedy in Russia in the treatment of enlarged indurated glands, tumors and most other varieties of scrofula, and is a most important remedy in the treatment of chilblains."

In Dr. Hering's collections are the two following provings:

I.

A very fat young man who formerly drank too much, and who had a chronic, very hard swelling of both legs, took a quack medicine, which was recommended to him, made of *Badiaga*; the next day he felt a stiffness in the maxillary joints, and a pain in the upper part of the right chest; a very stiff neck and a pain in front of the upper part of the right shoulder; afterwards in the left shoulder and in the left arm; at the same time he had a very severe headache (to which he had never been subject), that lasted several days; it was on the top of the head, and the same in all positions; better at night after sleeping, and better in the morning, but returned as violently as before after breakfast.

All along the shin-bone appeared several small, hard lumps.

The week after, the swelling of the legs had considerably lessened.

II.

While triturating *Badiaga* for Dr. Hering, twitching of the left upper eyelid. Immediately after, an itching of the left wing of the nose. Painful drawing near the spine to the left downwards from the shoulder-blade. A similar sensation in the forehead, and slightly in a decayed back tooth. A catarrh which he had before triturating the medicine is less perceptible; and, in spite of the headache, he is still clear in his mind and more inclined to mental activity than before. Observed, 1834, by Dr. G. Lingén.

December 28th, 1864, I took one drop of the 30th potency of *Badiaga* at 4 P. M. 1st d.

On the 29th, 9 A. M., one drop, and at 3 P. M., one drop.

30th, at 3 to 4 A. M., awoke with frightful dreams and severe crampy pains in the metatarsal bones of both feet, lasting from fifteen to twenty minutes. 3d d.

At 9 A. M., one drop.

At 12 M., a severe, sharp, lancinating pain in and near the orifice of the urethra, lasting but a few minutes.

At 2 P. M., one drop.

At 3 P. M., a severe intermitting pain, more or less severe during the afternoon, was felt in the posterior portion of the right eyeball.

31st, 9 P. M., slight intermitting pains in the posterior portion of the right eyeball and temple, more during the afternoon. 4th d.

January 1st, 9 P. M., sneezing with coryza at times during the day, with a cough as from a cold, more during the afternoon. 5th d.

Headache from 2 P. M. till 7 in the evening, with slight aching pains in the posterior portion of both eyeballs and in the temples.

2d, 9 P. M., occasional severe paroxysms of spasmodic cough, ejecting viscid mucus from the bronchial tubes, which comes flying out of the mouth, more during the afternoon, caused by a tickling in the larynx as if a particle of sugar were being dissolved in the throat.

During the day, more or less headache, with pain in the posterior portion of both eyeballs, more in the left one; more from one o'clock in the afternoon till seven in the evening.

An intermitting pain in the muscles of the lower posterior third of the right leg, with a sore, contracted, clumsy, bruised feeling of the anterior muscles of the lower third of the right leg, which is aggravated by flexing the foot, and going up stairs, when the toes have a tendency to drop down as they would do if the foot were asleep, although it does not have the sensation as if asleep. 6th d.

3d, 3 P. M., severe paroxysms of cough during the day, caused by a tickling in the larynx, with expectoration of viscid mucus, which at times comes flying forcibly out of the

mouth from the bronchial tubes, at times causing sneezing with coryza; worse after one P. M.

The intermitting pain in the posterior muscles of the right leg has not been felt since yesterday; but there is an aggravation of all the symptoms in the anterior portion of the same leg to-day, especially when going up stairs, walking or flexing the foot, so as to render it quite painful and awkward.

9 P. M., headache commencing between one and two P. M., lasting till between six and seven in the evening. 7th d.

Occasional paroxysms of cough, with viscid mucous expectoration, at times causing sneezing, with profuse coryza, most from the left nostril.

4th, 2 P. M., an amelioration of the sore, numb, clumsy, bruised feeling in the right leg, by remaining quiet in the house.

A general soreness of the muscles and integument of the whole body, especially the integument. Aggravated on motion, and especially by the friction of the clothes.

10 P. M., aggravation of the symptoms in the right leg, caused by going up and down stairs several times during the afternoon, rendering it necessary to go up slowly, on account of the uncertainty of step and tendency of the toes to drop down, which renders it necessary to step higher with the right foot.

The right eye is irritated and somewhat inflamed. Headache during the afternoon, the same as yesterday. During the day, several quite severe paroxysms of cough, with viscid mucous expectoration, which at times comes flying violently out of the mouth, more during the afternoon.

Occasional sneezing, with more profuse coryza, most on the left side, with occasional stoppage of the nose; worse in the afternoon and evening.

A lancinating pain, with a bounding movement in the region of the liver, lasting but a few minutes. 8th d.

5th, 9 P. M., a pain running from the anterior of the right leg to the posterior of the right thigh, between twelve o'clock and one in the afternoon.

At 2 P. M., a pain in the right knee-joint, lasting about twenty minutes.

10 P. M., headache from between one and two P. M., until between six and seven in the evening. Cough and coryza about the same as yesterday.

The flesh and integument feel sore to touch, even of the clothes, with sensitiveness to cold and cold air. Pains in the eyeballs extending into the temples, aggravated by turning them in either direction. 9th d.

6th. At 8 A. M., a severe lancinating pain in the pit of the stomach extending to the vertebra opposite and to the right scapula, and at times to the right side, resulting there in a pleuritic pain; also, a pleuritic pain on the left side, which, as well as the right side, is aggravated by contortions of the body and on full inspiration.

2 P. M., frontal headache during the forenoon; worse in the temples, and extending into the posterior portion of the left eyeball, aggravated by moving the eyes.

In the afternoon, increased pains, with stitches in both sides, aggravated on motion or full inspiration. Soreness of the flesh and integument, as if they had been beaten; very sensitive to touch or the friction of the clothes.

10 P. M., during the afternoon, heat, pain and congestion in the forehead; worse at seven in the evening. Increased pleuritic pains, with soreness of the whole body, especially the chest; aggravation during the afternoon and evening.

During the afternoon, the mouth and breath hot and feverish, with thirst for large quantities of water at a time.

Palms of the hands hot and dry.

Severe pain in or near the head of the right scapula, lasting but a few minutes.

Sneezing with fluent coryza, with stoppage of the nose at times.

Cough, with yellowish mucous expectoration.

Severe stitches in the sides, especially the right side, from the seventh to the eighth rib; aggravated by the least motion.

Bowels costive. Water high colored. Diminished appetite.

The anterior muscles of the right leg sore as if beaten, and contracted feeling; sore upon going up stairs or walking, with a numb feeling while sitting or lying. 10th d.

7th. 2 P. M., throat inflamed and sore, especially on swallowing. 11th d.

Sharp, stinging pain in the posterior portion of the right heel; aggravated by the slightest pressure, lasting but a few minutes.

Pain in the left eyeball and temple quite severe, extending to the left side of the head and forehead.

An excess of dandruff or dry tetter-like appearance of the scalp, with slight itching.

Frontal headache, the pain extending through the left temple and eye, in the forenoon, but worse in the afternoon, until late in the evening.

But little appetite; took toast for dinner.

Pain in the small of the back, hips and lower limbs.

Cough not as severe as yesterday; other symptoms are about the same, and better in the warm room.

10 P. M. During the afternoon, severe aches and pains in various parts of the body, with severe stitches in the sides, especially the posterior portion of the right side; aggravated by the slightest motion.

At seven in the evening, for tea, a small piece of toast and cup of tea, with a bad appetite and bad taste in the mouth.

Restless last night; could lie but a short time in one position, on account of the soreness of the body.

Increased soreness of the throat on swallowing.

Palms of the hands dry and husky.

The headache, coryza and some other symptoms, better.

8th. 2 P. M., scalp sore to the touch, with tetter-like eruption on the forehead, and dull, dizzy feeling of the head during the forenoon.

Appetite better, and some other symptoms better.

The throat quite inflamed and sore on swallowing.

This morning, hawked up a viscid, solid lump of bloody mucus.

Last night, sleepless and restless, with ability to lie only for a short time in one position, on account of the soreness of the muscles and whole body.

The left eyeball quite sore, even upon closing it tightly.

A profuse discharge from the left nostril.

Severe, vibrating, tremulous palpitation of the heart, even while sitting or lying quiet, upon the least elating or other emotion of the mind.

Pain in the left knee-joint on going up or down stairs.

Bluish purple margins of the eyelids, and blue under the eyes.

Pale ashy or lead color of the face.

Good appetite, with less thirst, with a feeling as if the mouth and tongue had been slightly scalded with hot tea.

Severe lancinating pains and stitches in the posterior right side, below the scapula; aggravated very much by throwing the shoulders back and the chest forward, or contortions of the body, at times eliciting a moan or shriek, caused by the pain.

11 P. M., reddish, high-colored urine.

During the afternoon, less headache to-day.

Less general soreness of the muscles during the afternoon.

The throat is quite sore, especially on swallowing; but most other symptoms are better, or disappearing.

The cough much less severe and less frequent.

While lying in bed, forcible pulsations of the heart felt and heard, extending from the chest up into the neck, upon the slightest emotion or thought. 12th d.

9th. 2 P. M., throat quite sore; tonsils red and inflamed; aggravated much on swallowing. 13th d.

The left cheek and malar bone quite sore to the touch.

Itching of the scalp, with much dandruff-like tetter and dryness of the hair.

From one P. M., and during the afternoon, dull headache.

A severe, sharp, lancinating pain in the right supra-cla-

vicular region, in or near the subclavian artery, lasting several minutes.

Soreness and lameness, with stitches in the nape of the neck; aggravated by bending the head back and forth.

Discharge of thick, yellowish mucus from the left nostril, more during the afternoon; it is also hawked up.

When first getting out of bed, hawked up a mass of hard, gluey, bloody mucus, tough and dry; also hawked up the same yesterday morning.

Palpitation of the heart, with a fluttering and vibrating upon the slightest emotion of the mind.

During the day, more or less dull frontal headache, extending to both eyeballs; aggravated by moving them in either direction; worse in the afternoon, with heat in the forehead and dull aching in the temples.

Less soreness of the body and less sensitive to cold, and to cold air, and to touch.

No soreness or stitches remaining in the left side, and the right side is better; also many other symptoms are better.

10th. 2 P. M., the throat quite sore yet, especially upon swallowing solids. 14th d.

The cough, and the right side, and most other symptoms, are much better.

11 P. M., headache and soreness of the body; aggravated from seven to ten in the evening. It is raining.

Some other symptoms appear and last but a short time, and at irregular times.

During the evening, a sharp, lancinating pain in the right supra-clavicular region, lasting but a few minutes, and less severe than last evening.

12 midnight, no headache, sore throat better.

Pain in the right side only on contortions of the body.

11th. 2 P. M., the constant sore, numb feeling of the muscles of the leg continues to be more or less aggravated at times, especially on going up stairs or flexing the foot.

Occasional spells of severe jerking, fluttering palpitation

of the heart upon a sudden elating thought or emotion of the mind, even while sitting or lying.

To-night, while lying on the right side, the heart is both heard and felt to pulsate from the chest up to the neck.

At nine o'clock in the evening, a severe, lancinating, drawing pain in the right supra-clavicular region, lasting from three to five minutes, in or near the subclavian artery.

The sore throat has disappeared, with most other symptoms.

Slight headache, less soreness of the scalp, and less tetter on the head. 15th d.

12th. 2 P. M., the soreness and numbness of the right leg are better, and only slightly troublesome on going up stairs.

10 P. M., slight headache from one to three in the afternoon.

Soreness of the body all gone, no pain in the side, and but few slight symptoms remaining at 12 midnight. 16th d.

13th. 9 A. M., tetter all disappeared, hair again soft and oily; this whole change taking place last night mostly.

Stitches and stiffness in the nape of the neck; aggravated by flexing the head back and forth, or felt a few minutes at a time while sitting still. 17th d.

14th. 2 P. M., occasional severe drawing pains in the nape of the neck, lasting but a few minutes at a time.

While lying on the right side in bed, and at the moment of becoming unconscious in sleep, severe, oppressive, suffocating attacks from suspended respiration, or causing a quick effort to prevent suffocation by changing position; this is an old symptom aggravated during the past week, and I often avoid going to sleep in this position on this account; the sensation is very nearly like that of asphyxia. 18th d.

15th. 2 P. M., all the symptoms have disappeared mostly.

9 P. M., during the afternoon, very slight shocks heard in the ears as of very distant artillery. 19th d.

16th. 9 P. M., slight shocks three or four times in the ears, during the afternoon and evening only perceptible; no other symptom, or but very slight, observed. 20th d.

23d, midnight, while in bed, vibrating palpitation of the

heart, lasting but a few minutes, after which, while lying on the right side, a sensation as if the lower lobe of the left lung was settling down or being collapsed; it appeared to have settled from three to four inches, lasting five minutes, and was relieved by changing position. 27th d.

Since the 16th, during afternoons and evenings, occasional slight shocks felt in the ears, as before described.

In the afternoon, sharp pain felt in the right kidney, lasting but a few moments.

During the past few days, slight, lancinating pains felt in the right supra-clavicular region for a minute at a time.

February 1st, no symptoms, or but very few slight ones, most of which are but momentary, as shocks in the ears, &c., since January 23d, all having disappeared up to this date, March, 1865. 36th d.

[To be continued.]

THE CHOLERA; JOSLIN—LIPPE.—In a late number of the *Western Homœopathic Observer*, we notice in parallel columns, extracts from the Address on Cholera, by Dr. Lippe, and from a book on the same subject, published some years ago by Dr. B. F. Joslin.

The publication of this address without the usual marks of quotation in such cases, was an oversight, whether in the original manuscript, or from the printer's fault, it is now impossible to determine; nor does it much matter. The address was prepared in great haste, amid the pressure of numerous other engagements; it was not intended for publication, but was merely given to the class at their especial request, for their own use; and when delivered, the speaker stated that he had freely availed himself of all that had already appeared on the same subject; and the apparent and unintended plagiarism the author much regrets.

KALI FERRO-CYANIDUM,
(FERRO-CYANIDE OF POTASH,)

PATHOGENETIC SYMPTOMS AND CLINICAL EXPERIENCE OF.

BY JAMES B. BELL, M. D.

Proving No. 1.—D. R., gentleman, age 27, rather delicate mental temperament. Half gr. first trit. at 3 P. M. Very soon a desire to sneeze. During the night an almost involuntary coition in a half-waking state, with imperfect erection; too early emissions and little pleasure. Second day, early in the morning, pain and lameness in right hip-joint, going off in the afternoon; only felt when walking. Wakes early with a sensation as though the pharynx was raw and tonsils swollen; relieved after rising by expectoration of cream-like mucus. Much sneezing during the forenoon and mucous discharge from the nose. For three days the throat feels dry and sore on waking, but soon after expectoration came on with relief. On the second and third nights an emission of semen with indistinct amorous dreams. The pain in the right hip was felt for three or four days, at times worse in the forenoon. On the third day feeling of sadness and some disposition to tears, caused by an impression that he was soon to die and leave his friends. Disposition to take a sad view of the beauties of autumn. The apprehension of approaching sickness and death can be overcome by reason, but soon returns (in the P. M.)

Proving No. 2.—Miss H. R. Well organized, vital-mental temperament, aged 28, unmarried; subject to dysmenorrhœa; menses generally regular. Dose 2 grs. third trit., dissolved in a little water and taken at one dose at 10 P. M. In the morning, on rising, pain in the shoulder-joints on motion, also lameness of the fingers and wrist-joints of both hands, left rather worse; fingers slightly swollen about the joints; slight nausea for a few minutes while dressing; pains all

disappeared about 2 P. M. In the afternoon severe pain in the knees on stooping. After a ride in a carriage, pain through the hips, lower part of the back and bowels, like the pains she feels during the menses. Some bearing down or dragging down feeling; left hip and side more than the right; feels irritable and easily vexed. (Is subject to these feelings during the menses, but they are not now present.) Leucorrhœa all day, (character of it not observed,) is subject to it only just after menses.

Proving No. 3.—Eight days later 4 grs., third trit., observed no symptoms, but eleven days later the menses came on four days too late. The usual pain commenced, however, at the proper date, but the flow did not begin as usual with the pain. Bearing down pains much less than usual. (Curative?)

N. B.—The symptoms noticed in these provings are all new and not habitual, unless so stated.

CLINICAL OBSERVATIONS.

Has cured feeling of weakness and bearing down in the bowels, particularly if the bearing down extended to the back. Pain in small of the back, accompanying leucorrhœa. *Leucorrhœa-like pus*, yellowish cream-like, profuse, not irritating. (One case, a pregnant female,) *sensitiveness of the lower part of the abdomen to pressure, and womb very tender to the touch of the finger.*

Menses too frequent and too profuse, accompanied by the above pain, or painless.

Menorrhagia of five months' standing after child-birth, 3 or 4 ounces a day; painless; in a delicate, brown-haired woman of 35 years; cured in four days.

Several cases of passive painless flowing of blood of natural color, rather thin, and causing of course much debility.

Debility; paleness of lips, gums and whole skin; cold hands and feet; urine frequent, profuse and watery, and sometimes traces of coagulated blood. Irregular, wandering, neuralgic pains, accompanying debility; also, periodic neuralgia of head, *following the sun.*

Acidity of the stomach; sour eructations; much flatulence, sour or tasting of ingesta. Pressure at the stomach after eating, accompanying the symptoms of uterus, for which the Kali ferro-cyanidum is indicated.

[The leucorrhœal symptoms have frequently been confirmed by clinical observations.—*Ed. H. M.*]

THE HISTORICAL LYCOPODIUM SYMPTOMS.

The following clinical observation is from S. H. Boynton, M. D., a graduate of the Homœopathic Medical College of Pennsylvania. And this observation is another evidence of the success of the correct application of the Homœopathic principles and rules as taught by Hahnemann. Will not the steady friends and admirers of the physiological school see how here again two quite unimportant, small and to them valueless symptoms guided the true physician to select the curative remedy? Of what value are the two symptoms to the physiological school, aggravations from 4 P. M. to 9 P. M. and the fan-like motion of the nostrils?—*Ed.*

I have verified Dr. Wilson's symptom of Lycopodium, i. e., fan-like motion of nostrils. I was lately called to see a little fellow who was complaining of the following symptoms: white alvine discharges, with pain in bowels before and after the discharge; headache in forepart of forehead; aversion to light; pulse full and high; aversion to all food but fruit, with desire for warm tea.

Tongue coated white in middle, with red tip and edges.

Worse from 4 P. M. till about 9½ P. M. every afternoon.

Paroxysms of congestion of blood to the skin, with a *peculiar mottled appearance, as if you had pressed with the ends of your fingers upon the red skin*, which was a perfect smooth surface. And finally this fan-like motion of the nostrils, which was fully to the extent of three-eighths of an inch—this motion was not regular, but came and went. I gave Lyc. ²⁰⁰, with instructions to give a second dose if not better in six hours; and when I called the next morning, the congestion to the skin and peculiar mottled appearance had entirely disappeared. The motion of the nostrils, also, could not be perceived, and the skin had become moist; in fact, I had thrown off a severe attack of typhoid fever, as I diagnosed it, by observing that peculiar motion of the nostrils which led me to think of Lycopodium, which I found to be a perfect similia, excepting his appetite.

HOMŒOPATHIC MEDICAL SOCIETY OF VERMONT.

This Society held its twelfth annual meeting at the State House, Montpelier, June 6th and 7th, 1866, G. E. E. Sparhawk, President, in the chair.

Minutes of the last meeting read and approved, after which the Society listened to a very neat, extemporaneous, congratulatory address from the President.

Drs. A. V. Marshall, Henry Sparhawk, A. E. Dodge, J. Q. A. Packer, and E. H. Packer asked to become members of the Society and were elected.

Adjourned to 2 o'clock, P. M.

At 2 o'clock, P. M., meeting called to order by the President, and reports of Committees called for.

Dr. Jones, Committee on Cholera Morbus, reported several cases. Remedies most successful, *Ars.* and *Verat. alb.*

Diphtheria. Dr. Houghton reported a case of malignant Diphtheria; treated successfully with *Lachesis* ²⁰⁰, no other remedy used.

Dr. Sparhawk reports having recently passed through a severe epidemic of this disease, and with varying success.

Had relied mostly on *Bell.* and *Nit. ac.* in first and second stages; for subsequent paralysis *Ars.* ³⁰ had proved effective.

Drs. Horton, Jones, Chamberlin, Ruggles and Van Deusen discussed the treatment of this disease at some length, presenting, however, but little diversity in treatment.

The Committee on Uterine Diseases made a verbal report. Dr. Brigham reported an interesting case of Ulcerated Os Uteri complicated with Ovaritis. A cure was effected by the use of *Merc. cor.* ³ and *Bell.* ³, with local applications of *Merc. cor.* in solution, to the ulcerated Os.

Adjourned for supper; after which the subject of Uterine Diseases was resumed.

Drs. Parkhurst and Dodge had used local application of *Argent. nit.* in connection with general medication. This practice was objected to by Drs. Houghton, Hunter and Scott, as unnecessary, and often injurious, inasmuch as a cure can be effected by proper medication alone, and unless the *Argent. nit.* is Homœopathic to the case, the disease is not cured but repressed.

Dr. Sparhawk had cured a case of Prolapsus Uteri with *Plat.* ³⁰.

Committee of Small Pox absent. Dr. M. L. Scott reported several cases treated successfully with *Stib.* and *Rhus tox.* ²⁰⁰.

Committee on Pneumonia absent.

Dr. Brigham recommended the use of Bromide of Ammonium in the advanced stages of the disease; had rescued several apparently moribund cases with this remedy.

On Intermittent Fever:—

Dr. Hunter read several well-written, detailed reports of cases treated by him, clearly presenting the necessity of considering the characteristic symptoms of each individual case, in making a prescription, instead of following the too frequent practice of even Homœopaths—depending upon *China* and *Arsenicum* to meet all forms and stages of the disease.

Typhoid Fever:

Dr. Horton recommends *Verat. vir.* in first and second stages; in third stage, if there is a tendency to hemorrhage, *Baptisia*, and to control any disposition to diarrhœa, *Sulph. ac.*

Adjourned to 8 o'clock, A. M., 7th inst.

Met at 8 o'clock, A. M., June 7th, G. E. E. Sparhawk, President, in the chair.

Appropriate resolutions on the death of Drs. R. C. Greene, M. D., and C. R. Taylor, M. D., both members of this Society, were passed.

The following resolutions were unanimously passed:

Resolved, That this Society tender the "N. E. Gazette" Association their hearty cooperation in their enterprise, and desire for its prosperity.

Resolved, That we will sustain this journal both by our subscriptions and pens.

The following Committees were appointed:

On Publications and Society Library—

Drs. M. L. Scott, J. H. Jones, and G. N. Brigham.

On Dysentery—

Drs. Chamberlin and Ruggles.

On High Potencies and characteristic indications—

Drs. Houghton, Hunter and C. W. Scott.

On Epidemics—

Drs. C. B. Currier and A. E. Horton.

On Provings—

Drs. Dodge, Parkhurst and Jones.

On Alternate and Proximate Remedies—

Drs. Brigham and Houghton.

On Pulmonary Diseases—

Drs. N. H. Thomas and Chamberlin.

The officers elected for the ensuing year were:

President—G. E. E. Sparhawk, M. D., Gaysville.

Vice-President—C. W. Scott, M. D., Lyndon.

Recording Secretary—M. L. Scott, M. D., Bradford.

Corresponding Secretary—M. G. Houghton, M. D., St. Johnsbury.

Treasurer—H. M. Hunter, M. D., St. Johnsbury.

Auditor—C. H. Chamberlin, M. D., Barre.

The attendance was unusually large, and the session harmonious and profitable.

Adjourned at 2 o'clock P. M., to meet at Montpelier, in June, 1867.

M. L. SCOTT,
Secretary.

CAYUGA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The seventh annual meeting of the Homœopathic Medical Society of the County of Cayuga was held at the office of Robinson & Boyce, in Auburn, July 10, 1866.

The meeting was called to order by the President, Dr. Swift. The minutes of the last meeting were read and approved.

Dr. G. H. Parsell, of Weedsport, and Dr. J. C. Peterson, of Union Springs, were elected members.

The Society then proceeded to the election of officers for the ensuing year. Dr. Brewster was elected President, Dr. Parsell Vice-President, Dr. Boyer Secretary and Treasurer.

Drs. Robinson and P. H. Peterson were appointed a committee to examine the Treasurer's account. They reported that they found the same correct. The report was accepted, and the committee discharged.

Dr. Boyer reported on Croup, and especially those cases calling for Kali bich. Drs. Robinson, P. H. Peterson and J. C. Peterson, gave their experience in the use of this remedy. Dr. Robinson reported on Catarrh and the use of Kali bich. in this disease.

On motion, Dr. Boyer was requested to prepare his report on the Air Passages for publication.

A bill was presented from the New York State Society, which was ordered to be paid.

Drs. Boyer, Fellows, J. C. Peterson and Robinson, Jr., were elected Censors.

Drs. Swift and Gwynn were elected delegates to the State Society.

Dr. Boyce presented a paper on Glonoine, which was read and placed on file.

Dr. Parsell related a case of nervous Cephalalgia, which was cured by Glonoine.

Dr. Fellows read a paper on Pathology and Symptomatology, which was discussed by Drs. Robinson, Jr., J. C. Peterson, Parsell, Gwynn and P. H. Peterson.

On motion the number of committees was restricted to two, as follows:

On Materia Medica, Drs. Fellows, Boyce, J. C. Peterson, Swift, Robinson, Jr., and Strong.

On Epidemics, Drs. Robinson, Smith, Brewster, P. H. Peterson and Gwynn.

Dr. Robinson, Jr., called the attention of the Society to the use of Collinsonia Canadensis in Hæmorrhoids, and of Permanganate of Potash in Diphtheria.

On motion it was voted that the delegates to the neighboring County Societies shall hold over another year.

Adjourned.

C. W. BOYCE,
Secretary.

OBITUARY.

DR. JOSEPH P. HARVEY departed this life, July 7th, 1866, in Philadelphia, after a long and painful illness, which he bore with Christian fortitude and resignation.

Dr. Harvey was born in Northampton, Bucks county, Pa., November 25, 1836; and although early called away from his beloved profession, he had already distinguished himself as a physician; and has left an imperishable name in the literature of Homœopathy as the original prover of the *Trombidium*.

Dr. Harvey fell a martyr to his devotion to the cause of medical science and to suffering humanity. Let his memory live.

CORRECTION.—Dr. Leech requests us to state that his advocacy of the action of *moist heat of poultices* in promoting absorption, was intended to be restricted to tumors. Vide vol. I. p. 486.

THE HAHNEMANNIAN MONTHLY.

Vol. II. PHILADELPHIA, SEPTEMBER, 1866. No. 2.

OVARIAN TUMORS.

BY JAMES H. PAYNE, M. D.

The first number of the second volume of the Hahnemannian Monthly came in due time. I am pleased with it. Some of the articles have the true metallic ring. Doctor H. N. Guernsey's article on tumors is an excellent one, and holds forth sound doctrine, that will stand the test of experience. It accords with the true and only reasonable theory on which Homœopathy is based,—the recuperative powers of the vital forces. And I am pleased that the pages of the Hahnemannian Monthly are open to the advocacy of those principles. Surgery may have its triumphs, and no doubt in some cases it is very well. But the true Homœopathist makes them beautifully small and few in number, confined principally to fractured limbs, tying arteries, and to removing mechanical obstructions. But when surgery is resorted to, as it frequently is, to build up a spurious reputation, and make ostentatious display to deceive the ignorant, it cannot be too severely condemned and held in contempt by intelligent physicians.

For the last eighteen years I have treated infantile hernia with attenuated remedies, and know success may be secured in most cases, if not in all, if the proper homœopathic

remedies are employed. But hernia is only one of the many varieties of tumors that may be cured with true Homœopathy. The worst forms of tumorous disease can be absorbed and made to disappear,—that is by removing the cause of the tumorous deposit; and that is the only sure and scientific way they can be cured.

The ovarian tumor is one of the most difficult diseases of the kind to treat successfully; but in many cases it can be cured with the proper attenuated remedies. And I venture to say it can be successfully removed oftener by homœopathic treatment than with the knife. I give below three cases which I have treated successfully when the patients were reduced to the lowest possible state, and given up as hopeless by the best allopathic physicians to be found. In each case a surgical operation was pronounced out of the question.

Case 1. Mrs. H., aged 39, came under my care for treatment April 2, 1851. She had a large tumor or swelling, hard, round and oblong, situated mostly in the right side of the abdomen, the size of an infant's head, filling the abdomen as if she were seven months pregnant. When first noticed, about eight or nine years previous, it was no larger than an egg, as near as she could remember. It had gradually increased since that time. She had had many physicians, none of whom could help her. The catamenia were too small in quantity, irregular, coming on at intervals of six or twelve weeks. Bowels very constipated. Was constantly obliged to use injections and cathartic medicines, and with all she could do only evacuated the bowels once in from three to nine days. Her appetite was poor, and her whole system debilitated.

After two years' careful homœopathic treatment she was comparatively well, and in three years the tumor had entirely disappeared: she has been well to the present time. The remedies used in her case were: Pulsatilla ³⁰, Arsenicum ³¹, Lachesis ³⁰, Sulphur ³⁰, Calcarea c. ³¹, Aurum f. ³¹, Mercurius viv. ³⁰ and Sepia ³⁰. I could give the treatment

in order, week after week, but consider it unnecessary, and it would require too much space and time. But I will remark, the remedies were always given with strict regard to the totality of symptoms, waiting for the full action of each remedy, and never using but *one* remedy at a time. I used pellets, dissolved in water, repeating dose from once to three times a day, omitting the medicine at times one or two weeks. Gave Pulsatilla³⁰ first, on account of the gradual diminution of the menses, and it was also indicated by many other symptoms.

Case 2. Mrs. F., aged 23, recently married. Came under my care August 26, 1856. She had a fall from a carriage August 25th, and struck her right side on the step, producing severe pain and inflammation of the bowels. In two or three weeks the inflammation subsided. I discovered a small tumor in the right ovary, or in that locality. It continued to increase till the abdomen was as large or larger than if nine months pregnant, and I thought at one time she might be so; but by carefully watching the case, I came to the conclusion it was an ovarian tumor. It commenced in the right side, just above the pubes, and gradually extended upwards and to the left, till it filled the whole abdomen. You could distinctly trace the outlines of the tumor, but it was not very hard, and appeared to contain fluid. Her menses had ceased from the commencement of her sickness. Appetite gone, pale and emaciated, and greatly reduced in strength,—she could not sit up for nearly three months. Bowels very costive, and a little fever all the time. Tongue and lips red and sore, and her symptoms resembled dropsy, except great thirst. I think it was a dropsical tumor of the ovary. No bloating or swelling of the limbs. Her uncle, who was an old and very respectable allopathic physician, frequently saw her, and agreed with me perfectly in the diagnosis of her case, but repeatedly said he thought there was no possible chance for her recovery. I had the entire charge of her from the beginning of her sickness, and she entirely recovered in about five months, the menses returning

regularly, and the swelling gradually disappeared. She has enjoyed excellent health ever since. The remedies used in her case were: *Belladonna*³⁰, *Mercurius viv.*³⁰, *Arsenicum*³⁵, *Apocynum c.*³⁰, *Pulsatilla*³⁰, *Lachesis*³⁰, and *Sulphur*³¹. Gave pellets dissolved in water. Dose every four hours, at first, lengthening the interval as she grew better. The remedies were seldom changed, continuing one medicine several days, and sometimes weeks.

She was generally healthy before this sickness, but, as I understood the history of her parents and the family, the case has points of interest. Her mother was scrofulous, and her father was subject to severe attacks of rheumatism. A brother, only eight years old, had several attacks of rheumatism, which finally resulted in enlargement of the heart, from which he never entirely recovered. She herself had itch very badly when thirteen, which was improperly treated with external applications. What can be more reasonable than to suppose her disease was the result of that suppressed psora that lay dormant in her system, and developed itself in the form of tumor? There is not the least doubt of it, and in my opinion you can trace all such diseases and abnormal conditions of the system to that cause. Hahnemann's psoric theory, which is so little studied and so much abused, is no doubt one of the most important truths ever discovered in medical science. And the more it is examined, the greater bearing the physician will perceive it has upon disease.

Case 3. Miss B., aged 38. Was called to see her, June 4, 1863. She was so low, and her case appeared so bad, I had no hopes of helping her. I told her friends I would not take charge of the case unless they called another consultation of their physicians, (allopathic,) and if they pronounced the case hopeless, and that a surgical operation could not be successfully performed, I would take charge of the case and do the best I could. They did so, and her physician very gentlemanly left me his diagnosis of the case, and the history and treatment from the beginning. It appeared several

months previous she was suddenly attacked with what they supposed was acute enteritis or bilious colic. Her pains were very severe a few days, and when they subsided, a small tumor was discovered in the right ovary, about the size of a walnut. It gradually increased, week after week, in spite of all the appliances they could bring to bear upon it, till it was nine inches in diameter, and filled the whole abdomen. She was as large as if nine months pregnant, and looked as if she was in that condition. The whole form and outline of the tumor could be distinctly traced by the touch. She was very weak, skin pale and yellow, greatly emaciated, no appetite, her tongue red, with little yellow ulcers on it, and mouth very sore. Bowels very costive, going five, six and even fourteen days without evacuations. Cathartics or injections would hardly operate on the bowels. She had retention and suppression of urine, great pain in voiding it, and at times the catheter had to be used. The menses were suppressed, and she had profuse leucorrhœa.

She was so low about the time I commenced treating her that the neighbors were called in, thinking she would die. In a few days after she began to take medicine she was partly relieved of the strangury, constipation, and appetite improved. In about four weeks her general health had greatly improved, and she felt better, all except the tumor, which had increased in size. That remained about the same for some time, till her general symptoms were much better, when the tumor began to diminish, and in nine months, or a little less, it entirely disappeared. In about a year the menses returned, and she was quite strong and healthy. The remedies used were: *Cannabis sat.* ³⁰ and ²⁰⁰, *Pulsatilla* ²⁰⁰, *Mercurius viv.* ¹⁰⁰, *Arsenicum* ²⁰⁰, *Apis mellifica* ³⁰ and ²⁰⁰, *Lachesis* ³⁰ and ²⁰⁰, *Apocynum can.* ³⁰, and *Sulphur* ²⁰⁰. Gave pellets in water. Repeated dose every four hours at first, omitting, to give full action to each remedy. The first medicine given was *Cannabis sat.* ³⁰, on account of the urinary troubles. The *Apocynum can.* ³⁰ had, I think, the most decided effect of any one remedy in reducing the tumor.

Arsenicum²⁰⁰ and Apis mel. had fine results. But in such advanced cases no one remedy appears to make a complete cure.

Now, it will be observed, each of these cases was on the right side, and I think a majority of cases come on the right side, but they will come on the left side also. But in my experience I have seen the most on the right side. These cases were very bad ones, and show what may be done by perseverance with homœopathy, and what we may expect from it in the future. I have treated many other cases where there was not the least doubt they were incipient ovarian tumors, and would have resulted fatally if they had not been checked in time.

There may be cases, especially when there is extra-uterine pregnancy, that will resist all medical treatment. I attended one several years since, in a healthy young married woman, mother of two children, who lived a great sufferer two years and a half. An operation was attempted twice, but failed. After death a post-mortem examination revealed, hair, bones and other evidences of extra-uterine foetation. The whole tumor weighed over seventy-five pounds.

NOTICES.

The FIRST number of VOLUME ONE of the Hahnemannian Monthly is now out of print, and our friends who have on hand spare copies of this number would confer a favor by returning them; we will gladly pay for them when desired.

Some shorter articles are necessarily omitted, in order to present at once the very seasonable paper on Cholera, which is received just as we go to press with this form.

SUUM CUIQUE!

BY EML. TIETZE, M.D.

In No. 485 of the Medical and Surgical Reporter of Philadelphia, the reader will find an editorial, entitled: "*The Metropolitan Board of Health and the Academy of Medicine. A Point of Ethics*;" which contains so pitiable a cry for help in sight of an approaching danger, that we cannot but show our sympathy with the intense sufferings of its troubled author. And, really, these agonizing outcries of the illustrious Editor are loud and heart-rending enough, to fully convince all the "regulars" of the land that the learned and genial doctor endeavors to be not only a worthy exponent of their scientific greatness and achievements, but that he also, as a "genuine" and "regular" brother, from the very bottom of his heart, sympathizes with all their troubles and sorrows, which God knows are numerous enough,—and that he is ever ready to come to the rescue of the threatened interests of the time-honored and glorious guild, be it even at the sacrifice of common sense and justice, honor and manliness. Indeed, we can fully imagine the despair and horror of these "regulars," who, after having repeatedly and pompously informed the world of the death and burial of Homœopathy, see now,—and an awful sight it is,—this very Homœopathy knock at the door of the New York Metropolitan Board of Health, and—horribile dictu! courteously admitted.

What wonder then that, in timely and profitable recollection of the wonderful deliverance of the ancient Roman capitol, they hurriedly place a few ganders on the roof, to awaken their slumbering brethren to the sense of imminent danger?

The people of New York, duly alarmed by the great loss of life from the late Cholera epidemic in Europe, and fearing, that, by the immense commercial and social intercourse

between this and the other country, or for want of the necessary sanitary measures, this dreadful disease might, sooner or later, be brought into, or break out in their own midst; elected, in consciousness both of the deplorable absence and momentous importance of an able and efficient Board of Health, to this office a number of gentlemen, who, by their medical ability and reputation on the one side, and their circumspection and intelligence on the other, gave sufficient guarantee that the physical welfare of the immense population of the great city would be ably and conscientiously cared for, and that ample and proper precautions would be taken to keep, if this be possible, the disease from entering the metropolis, or if, notwithstanding all their efforts, they should fail in this attempt, to restrict the malady in such a manner, and prepare for it in such a way, as would prove of benefit and be an honor to the whole American nation.

The four medical gentlemen of the Board belong to the Allopathic school of medicine, yet the lay members, well aware and convinced of the great success Homœopathy had repeatedly gained here and abroad in combatting this fearful disease, a success which, even beyond the shadow of a doubt, has fully been proven by the official statistics of all countries, where the Cholera raged, and this method of healing was employed;—fairly and justly demanded, that the Homœopathic school of medicine should share equal privileges with the Allopathic, and that some of the hospitals for Cholera should be left to the practitioners of that school. By this decision the Board honestly and nobly fulfilled a solemn duty towards the country, its obligations to thousands of citizens, friendly to Homœopathy, and besides paid a just and manly tribute to a holy and heavenly truth, which has poured out its blessings over hundreds of hundreds, who by the Old School had been left in misery and despair.

Fair, just and natural, as such a demand and decision seemed to be, they were, nevertheless, by a majority of the Allopathic craft, looked upon with bitter irritation and anger, as intrusions into and violations of its "rights,"—

rights which, in reality, were nothing but privileges and advantages, conceded to it in the past by the nature and compulsion of times and circumstances, yet which, notwithstanding all the arrogance and impudence of their boisterous postulates, can claim the name of "exclusive rights" as little as those usurped by a haughty and tyrannical oligarchy of by-gone days. Or does this great republic of ours grant rights—*ceteris paribus*—to one citizen and refuse them to the other?

The physical welfare of the people, and nothing else, was to be the chief aim and sole object of this Board of Health; but now we hear from the philosophical Editor of the Medical and Surgical Reporter that "*the names of the medical members of the Board should be sufficient guarantee that the INTERESTS OF THE PROFESSION would not be wantonly disregarded.*" Pray, sir, what interests are these "*interests of the profession?*" Can they be any other than to do the largest possible amount of good to the community? Or have the people of New York elected these physicians to the membership of the Board, that they might, in their official capacity, talk of, look after and increase the "*interests of the profession?*" It appears to us, they owe their election solely to the confidence the people placed in them as men, who would not "*wantonly disregard the will and physical interests of the people,*" and who would not show themselves willing to sacrifice thousands of human lives by the narrow-mindedness, superficiality and ignorance of a ridiculous medical craft, which instinctively feels that the days of its reign are counted, and that it soon will be buried in oblivion, with all the angels of heaven weeping for pleasure and joy. "And there can be no doubt," continues the moral Editor, "that they will consider it a part of their duty, as representatives of the medical profession in the Board, to secure it against becoming the football of ignoramuses, charlatans and quacks."

What a noble Roman this Editor is, and what a highly flattering compliment he thus pays to the intelligence and mental capacity of the lay members of the Board! But we

can assure the virtuous sage of the Reporter that these gentlemen, by their just and wise decision, have fully proven their ability to arrive at logical and correct conclusions, without accepting the impudently and craftily offered guardianship, and all the cerebro-medical infusions of the Allopathico-regular wig-glomeration, and that, without playing hide and seek, the above amiable passages ought to read: "as there can be no doubt that they will consider it a part of their duty, as representatives of the 'regular craft,' to do all in their power to exclude Homœopathy from the field of action, and if this cannot be done, to cripple it by all sorts of impediments and chicanery to such a degree that will insure its entire harmlessness to the beloved craft, and work out the higher glory of the regulars."

By the way, Mr. Editor, pray, do tell us "*who is a quack?*" My little boy recites:

"And Q. is a quack with a wonderful *pill*,"

which since a few days he follows up with:

"And R. is a reg'lar, diploma-tic'y ill!"

But let us turn again to the editorial.

"Now, we fear very much, that in giving their consent to this attempt to conciliate, by this act of courteous invitation, the people, whose faith rests on sugar-of-milk globules and high dilution, the medical gentlemen of the Board have made a grave and serious mistake."

How inconsiderate and unjust you are, Mr. Editor! Did it never occur to your brilliant mind, that those gentlemen you accuse of having so rashly given their consent to conciliation, without any doubt fought against it with all the energy, fortitude and skill of their professional regularity, and that when, overpowered, they gave their consent, it was certainly done very reluctantly, and not gained without a very severe "booting in" process, which you yourself acknowledge under the rhetorical phrase of "a very strong pressure?"

Again: "It seems to us, that as representatives not of the

medical profession, but of *medical science* (? !), they had no business to invite any class of men as representatives of a particular sect of the practice of medicine."

Why, Mr. Editor, how silly you gabble! Invite! Bless your heart, that invitation came forth not without many moans and groans from the "regular" side, we assure you, and if it did not lack courtesy, you had better believe that the regulars did not furnish the velvet. Or do you really think that the medical members of the Board, as soon as Homœopathy was shown in, threw themselves on her bosom, asking her to be seated, and how she felt, and that they were *exceedingly happy* to see her?

"If Homœopathy has a right to ask that the public charities shall be made to afford to THEM(? !) an opportunity to experiment with the lives of the poor, so has Hydropathy, Electropathy, and a dozen other *pathies*."

Now, Mr. Editor, you know only too well, at least, you ought to know, that Homœopathy does not, never did, and never will want any opportunities to experiment with the life of anybody; this is the ambitious desire and fatal necessity, the exclusive prerogative, privilege, practice and curse of the regulars: but it had, in the consciousness and conviction of its immense practical abilities, an undeniable right, nay, the solemn duty, to ask the permission to offer and guarantee its blessings at a time when the people were alarmed and anxiously looking around for help against a dreaded danger; and if Hydropathy and Electropathy have the same inward assurance of their usefulness, let them, if the people desire it, in God's name, have all the opportunity to do good and be blessed for it!

"All calculating upon the ignorance, prejudice and gullibility of the masses."

Pardon me, Mr. Editor, but here you know you tell a falsehood; as you know only too well, that when this lovely trio has forsaken you and your friends, the haughty and insolent Allopathic craft will mourn in sackcloth and ashes,

and the editor of the Reporter will have ample time and opportunity to bewail the vanity of all earthly things.

But is it not somewhat surprising, that notwithstanding the contempt the orthodox editor thus shows for Hydropathy and Electropathy, we nevertheless find in the very number of his journal the following advertisements:

DR. CHAPMAN'S PATENT
SPINE BAG, for the applica-
tion of Cold and Heat.

Its uses in Functional Diseases
of Women, Epilepsy, Infantile
Convulsions, Cholera, Paralysis,
Diabetes, and also for the Preven-
tion and Cure of Sea-Sickness, are
already well established by the
experience of eminent physicians.

and

DR. JEROME KIDDER'S Elec-
trical Depot removed to 280
Broadway, N. Y.

* * * * *

The highest testimonials in fa-
vor of this apparatus from Profes-
sor Mott, Silliman and Weyde,
and other eminent scientific men.
Used by the leading practitioners
wherever it is known, &c.

Indeed, there are men who, like the ostrich, for want of brains, have not yet arrived even at the consciousness of their own long-carried posterior possessions, and Dr. B. seems to be one of them.

"And all opposed to the broad, unsectarian, catholic school of scientific medicine."

Resum teneatis amici! No doubt about this gentleman having passed through the democratico-medical mill, and having come out a "broad, unsectarian, catholicico-medical regular." Prosit tibi doctissime!

"And the Metropolitan Board of Health would soon become the laughing stock of the profession throughout the world (big slice that), were it to open the door promiscuously to all these parasitic outgrowths of the healing art.

"It is a sad mistake, if they act upon the idea that their duty is to conciliate error. To conciliate error means to perpetuate it. The very principle which called the new Board to life, and which gave it such ample and almost unlimited power, was that there might be a body of men governing the sanitary affairs of New York which should

have the power to *override* prejudice and deal with error *relentlessly*."

Very well, Mr. Editor, it is a very easy, yet a very silly thing, to gabble about "Hahnemannian nonsense, parasitic outgrowths, sectarianism, prejudice, error, humbug, &c., &c.," yet what does it all amount to? Or does the brave Editor really suppose that all these pretentious, but ridiculous "bread-pills" will molest the stomachs of his opponents any more than to disgust them with the "mediculus," who wrote the prescription, and the shop they were prepared in? Ideas and opinions resting upon nothing but the subjective base of a mollified or obliterated brain may perhaps amuse those whose mental capacity and knowledge have been surpassed even by a common pumpkin, yet all this barking, my aged friend, will never bring the moon down, in order that the little curs might make a meal of it, and swellingly testify with their bloated stomachs, that it really hadn't been anything but a tolerably good sized sponge-cake.

We heartily agree, however, with the amiable doctor, that the Board of Health ought to be a body powerful enough to *override*,—well no,—dose too "regular"—will say, correct and remove prejudice; yet it seems to us, from the very word "override," that the good doctor meant a body which, with its own prejudices, ought to be allowed to *override* the people. That looks more like "regular cavalry," don't it?

"But this general invitation to the Homœopath to come and take part in the care of patients, while it is a weak and unworthy concession to ignorance and prejudice, on the other hand does not suit the class with whom it is calculated to compromise. They scorn the offer. Globules and high dilutions will refuse their miraculous service, they well know, when the light of true science is allowed to illuminate the scenes of Homœopathic effort. Nothing they are satisfied with except the exclusive control and management of one of the six districts and hospitals, according to the general plan of operations, as their committee express themselves in a letter to the Board. Will that be granted? Will the con-

cession already made be extended to a partial surrender of the health interests of New York to medical sectarianism and humbug?"

Here, again, Mr. Editor of the Reporter, you say things which you know are not true.

The "light of true science" is ever welcome "to illuminate the scenes of Homœopathic effort," but you must kindly not forget that this light does not emanate from the thin, offensive tallow-candle so ostentatiously held up by the high-priests of your craft,—a candle, which notwithstanding its plated holder and all its gay and variegated flipperies, cannot conceal its nature and origin,—but from that ever grand and holy sun of truth, which with its thousand loving, blessing smiles, not only lightens up man's eye, but also warms his heart with joys untold of and eternal. Ye shall know it by its fruit.

But, by the way, let us once "by the light of true science" illuminate the scenes of Allopathic effort, be it only to show how safely the health interests of New York rest in the hands of these precious regulars.

Professor A. Clark recently delivered some lectures on Cholera at the College of Physicians and Surgeons, New York, a synopsis of which the Editor of the Reporter has published in his journal (No. 470 to 475) and which well merit an attentive and careful perusal.

Professor Clark, after having honestly acknowledged the mortality in this disease to be 50 per cent. under "regular" treatment, sets the heavy foot of logical reasoning upon the glorious Allopathico-therapeutic apparatus, which, under this unaccustomed weight, noisily breaks up in hundreds of fragments, a vial with spirits of camphor excepted—as if it had been nothing but a weak and pretentious boy; and after indulging for a few minutes in this sight, with the pleasure and satisfaction of a well-flattered skepsis, advises the profession *to go and clean the streets and alleys!*

And now the ever sympathizing Editor of the Reporter, after having removed with the soft broom of his scientific

genius the pitiful marks of the Professor's destructive cruelty, steps forth to the crestfallen brethren who seem to be paralyzed by bewilderment, consternation and despair, and smilingly offers them a "handful of corks" sent him by the collegial kindness of Dr. Gason of Ireland, (vide Med. and Surg. Rep. No. 476, page 299,) wherewith to close up the innocent, disgusted and indignant mouth of the intestinal tract.

Mr. Editor of the Reporter, were you ever taught the golden rule, "to do as you wish to be done by?" If so, you seem to have forgotten it. Or is it not highly amusing to see how indignation swells up your head, that you will scarcely find hat enough to cover it, when being told by Homœopaths that they were eminently able, and that they prefer to control their own affairs, and does it really astonish you so much, when they, after the perusal of your genial editorial, feel very little induced to intrust the honor and safety of Homœopathy to a guild, which, in the fancied security of its power, does not even advise its priests to cover the cloven foot, as long as they walk on the public street, and which has taught us over and over again to trust "Reinecke" the less, the more sanctimonious his face, and the softer and quicker he moves his bloody, thieving fingers over the polished beads of the rosary.

Quite different, however, is our confidence in the lay members of the Board, who, judging by certain, "regular" noises, may enjoy the pleasant gratification of having hit the right cur on the right spot, i. e., exactly between "wind and water."

One word more in regard to the "Point of Ethics." This is, if we are not mistaken, a free country, which gives one even the liberty, if he so chooses, to be sure, to "*resolve* himself an ass," *whenever, wherever and how often* he pleases.

Here we will leave you, Mr. Editor of the Reporter, and although we do not flatter ourselves that you will ever make the "*aude sapere!*" your motto, yet we nevertheless live in good hopes that at least, at some time or another, you will take courage to cease to talk "silly."

Dixi, et salvavi animum!

THE MODUS OPERANDI OF DRUGS UNDER
THE HOMŒOPATHIC LAW.

BY ROLLIN R. GREGG, M. D.

Read before the Erie County, New York, Homœopathic Medical Society, and a copy requested by the Society for publication in the Hahnemannian Monthly.

Since the original theory upon this subject, which was advanced by Hahnemann, much has been said and written by different members of our school about the *modus operandi* of drugs when administered homœopathically. To the various theories that have been hitherto proposed, by means of which to explain this phenomenon, I will add another; one which appears to me worth considering; it is very simple, and will be found in the following paper:—

Every force in nature with which we are familiar has a *latent* no less than an *active* element of power; the latter being appointed to *continual* work, carrying on the various functions or operations over which it is placed in control, and created strong enough to perform this duty during a continuance of the natural condition of things, while the former, the latent element of any force, appears to be especially provided as a reserve force, to be brought into action to assist the active element of the same, in its work, whenever an emergency arises, or when the latter, from any cause, cannot longer maintain proper control of the operations which it is given to direct. In some instances the latent part of a specific force is far more powerful when it is brought into action than the active part of the same, as we see is the case with electricity; while in other instances the latent is apparently the only power that an agent possesses, as in the case of steam, explosive agents, &c.

The vital force in all animal life, also, evidently has these two elements of power, namely, the *latent* as well as the *active*. Indeed we *know* that some of the vital functions are

marked by the possession of a latent force; the great physical strength, or mental power, which is frequently exhibited by persons under excitement, and which the same persons do not possess in their calmer moments, being satisfactory proof of this. Take as an illustration of latent physical strength, the unparalleled muscular efforts that an insane person will sometimes put forth, under which it will require three or four persons, each as strong or stronger than the lunatic when rational, to control him. Again, the herculean efforts of the firemen rescuing a fellow-being, perhaps a full-grown person, from the flames, and bearing them in their arms down a ladder from a giddy height, as though it were but a few pounds weight they were carrying, is another familiar example of the latent muscular power of man. Every reader will be able to supply to his own mind other but similar instances of almost superhuman power shown by some persons in snatching others from perilous positions; and yet, as is well known, in none of these instances do the same individuals possess but a fraction, perhaps not half, or even a third, the strength, when there is nothing to excite them. Hence, upon no other rational ground can we account for such efforts, except upon that of a latent strength, which is provided for emergencies. This does account for the extra power, and all other latent forces sustain the argument by comparison. There is abundant evidence also of the same general fact in regard to other vital functions besides that of muscular strength, but it seems unnecessary to produce this here, as the great fact that the latent powers of life are equal, if not superior, in youth and middle age, to the active powers, is too self-evident, it appears to me, to require proof. How else could the sick recover? The daily active energies of their systems, which should and would keep them in health but for the stronger and antagonistic action of the disease-creating agent now operating within them, have been overpowered by such agent, and being overpowered, they cannot of course recover lost ground against the force, still as active or more

so than at first, that has already vanquished them. How then, I repeat, can the sick regain their health unless there are reserved or latent powers of life that are in some way aroused and brought to the rescue? Well, then, when all moves on in the natural order of things, the active part of the vital force has sufficient strength to direct all the functions of the system in a harmonious work, and health to the individual is the result; but when we are attacked by morbid causes, the active element of vitality is not always strong enough to offer a successful resistance to such attack, hence it loses the power to conduct in harmony all the functions of the body; it may, in part, lose control of the matter of which the system is composed, when chemical or other forces set to work within us, and disease is the result. The active part of the life-force having now given way, being overcome by a stronger power, and the latter still active, as just stated, it is clear that if there were no latent or reserve force that could be brought into action to aid the former in regaining supremacy, the disease must go on indefinitely, or until control of the whole machinery of life was lost, and death must inevitably ensue. Instead of such disaster, however, being allowed to occur under ordinary provocation, the latent powers of life are provided to avert it; and the equally necessary provision has been made by means of which we are enabled, through the application of the proper specific agents, to arouse such dormant forces, and put them to work to restore the system to the full possession of the active powers, when, the natural condition of the former being dormancy, they return to their latent or dormant state, and remain in that state for another emergency.

This brings me to consider what are the proper specific agents, that we can always rely upon, to release the reserve forces of life for such a necessary work. To give weight to this investigation, it first becomes necessary to digress and present matters from other departments of Nature besides that of vitality, for points of comparison and illustration. For this purpose we are not wanting in the plainest

and most common facts. All the various species of latent forces, for instance, whatever may be their character, or for whatever purposes intended, must each have its specific agent or agents provided by Nature, through the action of which such forces can be aroused from their dormant condition, released from their natural bondage so to speak, and set to work with the active forces to assist these in their labors when such assistance is needed. Nature has not, of course, created reserve powers in any instance, for the very purpose of being employed in emergencies, without designing that they should be used; nor has she left a *necessity for their use equal to the intent in creating them*, and not at the same time provided adequate means by which they can be called out and put to the various labors intended when their help is required. Man's mastery over the opposing elements, in all the departments of his labors where he has secured the mastery, has been principally obtained through learning the special agent or agents in each instance that will arouse the latent force or forces and set them to work for him. And such, it is clear, must continue to be the fact with all like success in the future.

Heat is the specific agent by means of which we arouse or call into action the latent repellant power of the ultimate particles of water against each other, and thereby obtain the great power of steam for our use; friction, the voltaic battery, etc., the agents which we have learned will release latent electricity for service; the spark, or its equivalent, the agents by means of which we avail ourselves of the terrible power of explosive materials, etc., etc. And it must not be forgotten, in this connection, *how simple, like the Homœopathic dose*, trivial we might say, these specific agents and their applications appear, when compared with the immense magnitude of the results obtained. Another point of interest that arises here, is the fact that as soon as we suspend the application or operation of specific agents in calling into action latent forces, these forces all return or

relapse into their natural condition again, namely, that of inactivity or dormancy.

Following this chain of reasoning, then, in connection with the knowledge that we, as Homœopathicians, have of the action of *drugs* upon the human system, can it be doubted that these are the *specific* agents provided by Nature, through the operation of which, when properly administered, we can call into action the latent forces of life, and avail ourselves of these to resist the efforts, and finally expel from the system disease-creating agents? And if this be so, is it not clear that the *modus operandi* of drugs *consists simply in their working upon the system, or the vital force, in such a manner as to arouse the latent portion of this force and put it to work with the active part of the same, to restore the system to the entire control of the latter?* Then, as the natural condition of the former is dormancy, it relapses into that state again as soon as the effect of the dose is exhausted, when, if the object for which it was aroused is not accomplished, another dose must be given, and so on until, by bringing all the functions into harmonious work under the active part of the vital force, the cure is complete.

Before leaving the subject, it is perhaps worthy of mention that this power of drugs is itself, probably, in part latent in most of them in their natural state, while we know it is *entirely* so in some of them. Charcoal and silica for instance, as is well known in the profession, have neither of them any medicinal action whatever in their natural or crude state, nor until they are carried to the third attenuation by trituration, when they begin to show their almost marvellous power in producing, each its characteristic symptoms upon the healthy, and curing the like symptoms in the sick. Carbo vegetabilis is a very marked remedy in this respect, the statement being made by those who proved it, that it had to be carried to the fifth attenuation by trituration before it would have the slightest effect upon the healthy system, and then only to a very limited extent; while the sixth attenuation produced a much-increased and

marked class of characteristic symptoms. Most of the metals, and many of the mineral remedies, show a more or less similar state of facts; that is, they show a far greater medicinal effect upon the human system, whether in health or disease, in their attenuated than they do in their crude form. Then, of course, the medicinal principle in all the inert substances here referred to is latent in their natural state, and developed into activity, or aroused from its dormant condition by the Homœopathic method of preparation. And notwithstanding the fact that they are non-medicinal in their crude form, no Homœopathic physician requires to be told that such medicinal agents *do not* stand second in importance, in their power to heal the sick, to those drugs that are the most powerful in their action upon the human system in their natural state.

Such, in short, to my mind, embraces the whole theory of cure. It explains what drugs do, and all that they do in restoring us to health. It is a theory which I formed while reflecting upon another point in regard to the action of Homœopathic doses, only a few months after I commenced the practice of medicine, now thirteen years since.

And, withal, it is one that I have never found any reason to alter or amend; therefore, without more delay, I present it to the profession for what it may be found to be worth.

TO OUR CORRESPONDENTS.

The "Provings of Badiaga," by Dr. C. Hering, and several other Papers, already in type, are necessarily postponed to make room for our Cholera Article, &c.

The Report of the Philadelphia County Society, and a very spicy protest against the charge of youngness, in a "Letter to the Editor," are too late for this number.

HEMORRHAGE IN TYPHUS FEVER.

[Read before the Wayne County Homœopathic Medical Society, June 5, 1866.]

BY AD. LIPPE, M. D.

The hemorrhage during typhus fever may be twofold, viz., active and passive. The active hemorrhage generally appears during the height of the disease, and is known by bleeding of the nose; the more plethoric the patient, and the more inclined to congestions to the head, the more subject is he to hemorrhage; the bleeding of the nose will often occur when from the beginning of the disease the patient suffers from violent headache and delirium,—the true crisis has then arrived. It is advisable not to check this symptom, although it may incommode the patient very much, frequently compelling him to assume a sitting posture, the blood running down the posterior nares when in a horizontal position, and then descending to the throat, causing great distress; the brain, however, is very much relieved, the fever abates, and the bleeding will often cease of itself. In persons who have taken alcoholic beverages freely, it is apt to last longer and return at intervals. But should it be thought advisable to check this bleeding of the nose, *Rhus tox.* will be the proper remedy if the blood is bright red. In some cases the blood coagulates quickly in the nostril from which the bleeding takes place, and forms in it a heavy plug; in such cases, *Crocus sativus* is indicated,—it should never be checked by *Mercurius*, which remedy has no analogy to typhus, and its administration will invariably be followed by disastrous consequences. In rare cases the bleeding will occur from the nose, ears, eyes and mouth; this cannot be considered a crisis, and will find its remedy in *Ipecacuanha*, *Elaps*, *Crotalus* or *Lachesis*. In still more rare cases, the perspiration becomes bloody; and in that condition, *Nux mosch.*, *Lachesis* or *Arnica* will be most likely also to correspond with the

other symptoms of the patient. But the most serious hemorrhage occurs in cases of protracted typhus fever, resembling the typhus putridus. The disease having run its course, no crisis may occur, or it may be but a partial crisis. The symptoms may often have been subdued by the appropriately applied medicines, yet it is apparent that the recovery is only a partial one; and in the second or third week, often on the twenty-first day of the disease, a hemorrhage from the bowels occurs,—the patient is much weakened by it, and it becomes necessary at once to find the proper remedy. The blood so discharged is very thin, of a dirty brown-red, or at once a pasty, blackish mass (like liver),—reacting like an alkali, and wanting in fibrine, it soon enters into putrefaction. Hypnosis is always present when this hemorrhage occurs in typhus; and in former days a hemorrhage of that kind was considered a fatal symptom, and as indicating a deuteropathic sepsis. The most important remedies are *Alumina*, *Arsenic*, *Elaps*, *Lachesis*, *Crotalus*, *Arnica*, *Carbo veg.*, *Phosphorus*, *Lycopodium*, *Nux mosch.* and *China*.

Alumina will be indicated if there is a profuse discharge of a coagulated mass, resembling liver with serum, without pain, but great weakness. The desire to evacuate is not accompanied by pain, and, but for the great debility, the patient would not know but that he had a natural stool.

Arsenicum. The discharge is very offensive, preceded by pain in the abdomen, and there is present at the same time great restlessness with much thirst or pain in the small of the back.

Elaps. The blood is black but fluid.

Arnica. The blood is bright red but clotted.

Carbo veg. Great weakness and debility when the blood is discharged with the feces, or if mucus is passed with the blood.

Lachesis. If the blood is mixed with pus, very offensive.

Lycopodium. Large quantities of fluid blood are discharged even with the soft feces.

Nux mosch. Especially when there is present at the same time an induration of the liver, and fainting.

Other concomitant symptoms may, in a given case, indicate other remedies than those we have mentioned, but those cases will be rare.

For the last twenty years of my own practical experience, I can state that in this locality, Alumina, when administered in one single dose, highly attenuated, has checked all the hemorrhages from the rectum occurring in typhus, and that, during that period, no case of that kind has terminated fatally.

CASE FROM PRACTICE.

BY J. B. WOOD, M. D.

S. T., aged sixty-two years, had been occasionally troubled with diarrhœa for the past fifteen or twenty years. These attacks generally yielded to some simple domestic remedy, and, with the exception of an occasional cough, he enjoyed general good health until the autumn of 1865. His cough then became exhausting, and the diarrhœa returned with still greater severity. For a time he was undecided as to what to do, generally trying some one of the many remedies he thought did him good service before, but of no avail.

A short time before his death he placed himself under my care, and for a time seemed benefited by the use of Phosphoric acid, Arsenicum, and other kindred remedies. The stools were painless at the commencement of the disease, but he had a burning pain at the pyloric orifice of the stomach, and occasionally through the entire abdomen. The stools were thin, pus-like and watery, and of offensive odor, and contained no blood until a few days before his death, when he had a very troublesome tenesmus and discharges of almost pure blood.

About this period some kind friend informed the patient

of a Doctor Cure-all, and he resolved to try him. This Doctor Cure-all pronounced his disease as arising from a disordered condition of the liver and kidneys, which completely set aside the diagnosis of the writer, to wit, that the lungs, stomach and bowels were the seat of the disease. The medicine of Doctor Cure-all, however, so prostrated the patient that he had to keep his bed ever afterwards. The patient now believing that he was the worse of the new medicine, I was again summoned to see him; but the nausea was so great, and every thing that he took created so much distress, that medicine was abandoned after a day or two, and he refused every kind of nourishment, even water.

Being conscious of the near approach of death, he made a request in the presence of his family that a post-mortem examination of his body be made, in order to ascertain who was right in regard to his disease.

The post-mortem examination was made accordingly, and the following condition revealed, viz. : The abdomen was flat and retracted; and on opening the same, the bowels presented a very attenuated appearance, though the veins of the mesenteric glands seemed much distended with blood, and occasional portions of the intestines, as well as of the peritoneum, were red and inflamed.

On opening the stomach, the pyloric portion was found to be much thickened and inflamed, and when the contents of the stomach were removed, the appearance of pus was manifest over the entire surface. The same condition obtained through every portion of the bowels, especially the lower, which in addition presented a bloody appearance, and was, of course, the cause of the stools consisting of almost pure blood.

The diagnosis of Doctor Cure-all being set aside by what had already transpired, the condition of the liver and kidneys was next examined, and found to be perfectly normal.

On opening the chest, the heart and left lung were found to be healthy, but the right lung was much hepatized, particularly the upper and lower lobes; the upper one had, many years ago, formed an adhesion of about two inches in length to the third rib, near the costal cartilage.

CHOLERA IN 1849.

BY JAMES H. PAYNE, M. D.

Is the Asiatic Cholera among us? Is the Cholera coming? This appears to be the all-absorbing topic of discussion among the physicians as well as the people generally. These are the questions which are frequently asked by patients and friends. Doctor So-and-So said the Asiatic Cholera would be here this summer. Is it so? My answer to them, is, No! There are not the usual signs of it this year. If it comes it will be only an *endemic* Cholera, such as we have every year a little more or less. We do not have the same prognostics of the Asiatic Cholera we had in 1849. What did we see then? For months before it then appeared, the whole country was unusually sickly, and a poisonous miasm prevailed almost everywhere. Malignant scarlatina raged extensively, and swept off its thousands. A severe form of typhoid fever, dysentery and diarrhœa preceded that epidemic, and affected to a greater or less extent nearly every family, and almost every one complained of the stomach or bowels. And in fact all diseases in the locality* where I then was appeared to be exceedingly fatal. And according to some accounts, even the birds and flies disappeared, to a great degree. None of these warnings of a coming epidemic are present this year. And it will probably be only an endemic or sporadic Cholera this summer.

* This was in Bangor, Maine, summer of 1849, where the Asiatic Cholera prevailed to as great an extent as in any place in this country, according to the population. If I recollect, there were sixteen deaths a day, some days, from a population of twelve or thirteen thousand. I do not think much of it was owing to uncleanness, or filth, for it is a beautiful and cleanly city. But caused by bad *hard* water, which many drank from wells, the cold nights, and the miasm that came from the two rivers which unite in that city.

Be that as it may, or let the form of it be what it will—How can it be cured? That is the most important question to the unfortunates who have it. It matters not in that point of view whether it is contagious or not. Whether the blood has too much oxygen or too little; if too much carbon prevails, or if it is too thick or dark colored. It is a poor satisfaction for the patient to have physicians argue such questions while he is dying. And I do not think it will be any advancement to truth, or improvement to sanitary regulations, or benefit to the community, for physicians to tell them it is a contagious disease if they believe or know it is not, thinking in that way to be on the safe side.

I do not consider it a contagious disease any more than dysentery, diarrhoea or typhoid fever. There is as much reason for one as the other of these diseases being contagious. I think it is not contagious, because, like dysentery and typhoid fever I have seen, one or two in the same family may have it and the others escape. Two or three may have it in a house where there are many boarding, and the rest will not, and all equally exposed. There may be instances where a whole family, or a number in a house may die with Cholera. So they may with dysentery or typhoid fever. The Asiatic Cholera no doubt is an epidemic miasm which is most likely to attack those who are in an unhealthy condition, and have become susceptible to it from a loss of vitality, in the same manner as an epidemic miasm of dysentery or typhus fever. A person may be exposed week after week to Cholera and remain perfectly well. But let him be broken of his rest, have a sudden mental depression, get cold, or overload the stomach, and he may soon be attacked with Cholera. Not so if it were contagious. He would have it without such assistance. Its coming periodically is no reason why it should be deemed contagious, for dysentery and other epidemics do the same thing; and, like all other periodical diseases, it makes victims of those who are irregular in their habits and eat unwholesome food, and

breathe foul and loathsome air. And with scarcely an exception, these are the only people who have Cholera.

All I shall say regarding the treatment of Cholera I have repeatedly verified by personal experience. When it came, in the summer of 1849, so unexpectedly and with such fatality, I had no precedent to guide me but Jahr's Manual of Symptoms, and I was resolved not to swerve in the least from those directions, and meet symptom by symptom as near as I could, and let the result be what it would for Homœopathy. My expectations were more than realized, or what I could expect, in the results which proved the law of cure, *similia similibus*, to be true in that disease, and that the *attenuated* remedies will cure the Cholera in all its forms and stages; at least they will *get well* without the use of any other remedies, for I prohibited my patients from taking any other remedy or medicinal substance. All Allopathic medicines were removed from the rooms where my patients were sick, and I positively forbade the use of external applications of all kinds. I think they are not only useless, but injurious. Hot water, hot bricks, jugs of hot water, mustard and violent rubbing the patient, too much clothing, and unaired and hot rooms should be strictly prohibited.

Those attacked with Cholera at first may be a little cold or chilly; but usually after the first stage they feel very hot and burning, and the greatest favor you can confer upon the patient is to remove all the clothing but a thin shirt. Their desire for cold water is irresistible, generally; it should always be given often and in small quantities at a time. Ice-water and ice are very good; but pure cold water is the most natural and permanent in relieving the thirst.

There are no two patients exactly alike, and the physician should individualize each case. If the patient is able to tell you his symptoms, get them from him; if not, choose the remedy by your own judgment, and from what you can learn of the case from the attendants. Of course the physician will select the remedy he thinks best indicated by the present symptoms. If it is real Asiatic Cholera, with evacu-

ation like rice-water, with or without pain in the bowels, and with cramps, Veratrum is the remedy. If he has burning or a feeling as of a load at the stomach, greenish, watery diarrhoea and intense thirst, Arsenicum is best. If there is no pain or cramp and the discharges are light, Phosphoric acid, and if little pain in bowels and greenish dejections, Phosphorus. When the patient sinks very rapidly without evacuation, Camphor. If he sinks fast with evacuation, Veratrum. If it is a lady and very nervous, with yellow discharges, Chamomilla, and if the discharges come on suddenly and she cannot retain them at all, Secale corn. There may be characteristic symptoms that may modify these directions, but what has been said will give an idea of these remedies. Those who have not had experience in the treatment of Cholera will get the best indications for remedies in a variety of cases which I have given below, as nearly as possible, as I treated them at the bedside.

When epidemic Cholera prevails persons usually have sufficient warning of its approach, which timely heeded can be removed at once by a few doses of the proper remedy. The person usually, preceding an attack, has a yellowish or white and flabby tongue, a heavy feeling at the stomach or bowels as if he had eaten something that hurt him. In truth he *complains* of his stomach. He may have these symptoms three or four days before watery discharges from his bowels, with a little pain, and sometimes without any, and I could always ascertain the patient had some such symptoms previous to a severe attack, unless it was caused by some sudden mental emotion, or by more recently eating improper food. Then the symptoms at first would be like cholera morbus, the rice-water discharges coming afterwards. So there are few, if any, who need die with Cholera, if they take proper care of themselves. They want to keep moderately quiet, eat light food, such as rice, milk, toast and a little mutton, and take the proper Homœopathic remedy. Those who are in good health should eat good, hearty food, the same as usual, avoiding excessive fatigue and such articles

of diet as they know disagree with them. In my treatment of Cholera, I gave the thirtieth dilution, because I had no higher preparation at that time, and the thirtieth attenuation was the *only* preparation I had, or gave, of the remedies, except Camphor which was given in the first dilution, for Cholera.

Case I. Mr. P., aged 35, came to see me September 17th, 1849, felt very weak, had a diarrhœa several days, it only occurred in the morning soon as out of bed, had a profuse watery discharge, during the day able to be about; gave Bryonia³⁰ every four hours. On the 18th, no better; Veratrum³⁰ every four hours. The 19th, felt about the same; gave Sulphur³⁰. 20th, said he felt worse, and had a large evacuation, which came very suddenly, as it had every morning; Secale corn.³⁰ every three hours. The diarrhœa ceased from that time and in a few days he was well. This was a case of cholérine or diarrhœa that precedes Cholera, and shows the importance of examining the symptoms carefully, so that you get *the* remedy.

Case II. Mr. N. C. W., aged about 31, a very healthy man usually to all appearance, was a strong opponent to Homœopathy, and had no faith in the little pills as he said. Visited him September 27th, 1849. He had been sick a week and grew worse daily, for all his physicians could do for him. He was very uneasy and nervous, the tongue white and a little coated and mouth dry; very weak, and his flesh appeared to melt away. The eyes sunken, features sharp and contracted, skin bluish, extremities felt cold to the touch, but burning to him, appetite gone, occasional slight cramps in the limbs. Great distress and burning at stomach, intense thirst; discharges from bowels, thin, watery, dark green, profuse, without any change of appearance for several days, and attended with considerable pain in bowels. His physician kept telling him he was frightened to death, and there was nothing the matter, and he insisted there was. Gave Arsenicum³⁰ in water (I usually gave the medicine in water, *pellets* dissolved,) every half hour. As he said to me, himself,

many times afterwards, he was better in an hour. With that one prescription he entirely recovered. No change of diet, or external applications or remedies, but the Arsenicum³⁰, after I saw him. This was a very severe case of cholera, and had nearly approached the collapsed stage. Everything had been done for him that could be by Allopathy, for he had a good physician, but he grew constantly worse till I saw him. He still lives and frequently afterward joked over his escape from Cholera and Allopathy.

Case III. Mr. B., aged 34.—Saw him September 20, 1849. Had been sick with the Cholera two or three days when I saw him first, and as he had pretended to or did treat the Cholera himself, and was a favorite of the Allopathic doctors, a great many had called to see him; but his case resisted everything they could do, and grew constantly worse until he was in the collapsed stage. The case had gone so far I could hardly expect a favorable result; but by the earnest request of friends, I took charge of the patient. When I was going into the house to see him first, I met at the door two very intelligent and liberal-minded Allopathic physicians, and they said: Doctor, there is *no use* trying him, he will not live but a few moments. Found him lying on his back in a tight room, that looked as if every medicine and application on earth had been used to restore him. He knew but very little of what was going on around him. The eyes rolled up and sunken in their sockets. The face and skin bluish, livid color, and features contracted. The skin on his hands and fingers shrivelled and looked as if kept in warm water a long time, only they were bluish instead of white. The pulse could not be felt at the wrist. Mouth and tongue dry and parched, and thirst insatiable. He threw his arms out from him in the air, and pushed the bed-clothes from his legs and feet. The muscles of his legs would cramp and knot up in bunches hard as a fist, and was in great distress everywhere. The evacuations nearly every twenty minutes, small, about three tablespoonfuls at a time, *exactly* the color of rice-water made very thick and

the rice boiled to a jelly, with a fresh, sickish smell. Breathing very slow, with an occasional long sigh and deep inspiration and moan, which is peculiar to this stage of the disease. His voice scarcely perceptible. There was no time to be lost, and I ordered all offensive articles, medicines, hot bottles, &c., removed from the room. All the bed-clothing was taken from him except the sheet he lay upon and a light one over his body, having his arms and feet free to the air, and his room freely ventilated. Gave *Veratrum*³⁰ every five minutes till I saw a favorable result, which was in about an hour, when I left him, and, returning in a few hours, found he had some pulse, discharges ceased, cramp gone, face looked better, skin moist, and a partial reaction taken place; *Veratrum*³⁰ continued every half hour. At 10 P. M. every symptom that characterizes Cholera had disappeared. He had no medicine but *Veratrum*³⁰, and all the attendants did was to give him cold water and a little flour gruel and wait upon him. Next morning early, 21st, found him in a high fever, tongue, mouth and lips dry, parched and black, delirious, body shrunk down in the bed and a typhus fever of the worst type set in. The Cholera had gone, but my labors to cure the patient had only commenced. I combated the disease for fourteen days with *Arsenicum*³⁰, *Rhus tox.*³⁰, *Belladonna*³⁰, and *Bryonia*³⁰, when he began to gain rapidly, and in two or three months was about his usual business. He is yet alive and has enjoyed good health since. The result of this case to Homœopathy was of the greatest importance, as it was well known, and the Allopaths could not deny the facts, which are still fresh in the memory of hundreds.

Case IV. Miss H., aged 23. October 5, 1849, 12 M.—Had been sick about two days with what they called dry or spasmodic cholera, cholera sicca. Her whole body was violently convulsed, limbs and head drawn forward, and the muscles would knot up suddenly and with great pain. Continual effort to vomit, but raised nothing from the stomach but what she swallowed. The face and skin bluish purple, very

weak and pulse feeble. Had no evacuations, but greatly prostrated by severe pains in her stomach and bowels. It took several persons to hold her when she had the worst spasms. She had her Old-School physicians, and they could keep nothing down or relieve her. They had reported the case at the City Hall as one of the worst cases of spasmodic Cholera they had seen during the epidemic; gave Cuprum met.³⁰ every five minutes till relieved, which was in about an hour, and after two hours she had no more spasms or cramps. Soon after one of the physicians who had been attending her called to see if she was alive and found her quietly sleeping. But instead of *their* admitting she had the cholera, they went to the City Hall and had her name erased from the reports, and said it was nothing but *hysterical* spasms! The sixth morning she was very comfortable, had a good night, but some thirst and burning in the stomach; Arsenicum³⁰ every three hours, and in two or three days she was about the house. Such cases always soon yielded to Cuprum met. or Camphor.

Case. V. Mr. O., aged 43, carpenter by trade. Sept. 14, night. Had been sick nearly two days. Had used Thompsonian medicine, but was rapidly losing strength. Had severe pains in stomach and bowels. Cramps in the limbs, very strong and painful. Vomited frequently and discharges from bowels often and painful. Stools thin, sometimes light-colored, some green, and others very dark. Eyes sunken, skin bluish, and distressed-looking face. Pulse weak and extremities cold, with clammy sweat. Thirst burning, and feeling as if a weight or load at stomach. Urine suppressed, as it was always as nearly as I could learn in the cases I treated; gave Arsenicum³⁰ every half hour. It benefitted him some; heaving at stomach and evacuation better, but all symptoms same, only in degree. The next morning Veratrum³⁰ every half hour. Noon some better, vomiting and diarrhoea much better, but very weak. Camphor every ten minutes revived him some, when Veratrum³⁰ was resumed same as before. Evening much better. On the six-

teenth, A. M., found all the Cholera symptoms gone, but decided typhoid fever symptoms. Great prostration, dry and parched mouth and tongue, burning and hot skin; Arsenicum³⁰ every two hours. The seventeenth, morning, decided typhoid. Fever lingered till the 30th, when he began to grow better. During that time gave Arsenicum³⁰, Bryonia³⁰, Rhus tox.³⁰, and Sulphur³⁰. In a few weeks from that time he was able to go about his usual occupation. This was one of the most obstinate cases I ever had, owing probably to a scrofulous diathesis and previous broken health.

Case VI. Mr. McC., aged 45, cooper by trade. September 16, 1849, 11 P. M. Two days previous was attacked with diarrhoea and pain like cholera morbus, with green, slimy and bloody evacuations, but soon after took on Cholera type. Had Allopathic treatment first, but the disease continued to grow worse. Found him purging and vomiting rice-water, thin and light-colored. Cramps, with great distress; very weak, and pulse almost imperceptible; urine suppressed. That was a usual symptom I observed, but as the patients, when so weak, would lie in bed when they had the white watery discharges, sometimes involuntary, it was not so easy to tell always if the urine was suppressed; gave Veratrum³⁰ every fifteen minutes, till some relieved, then once an hour. 17th, morning, early, found him some better of discharges and pain, but very weak; gave Camphor every ten minutes. 10 A. M., cramps gone and felt better; Veratrum³⁰ every hour. 9 P. M., improved; continued Veratrum³⁰. The 18th, morning, cholera symptoms gone; sitting up in bed; some distress and burning in stomach; Arsenic.³⁰ once in three hours. On the 22d he was discharged cured. This was a very severe case, owing to intemperance.

Case VII. Mr. K., baker by trade. September 14th, 1849, morning. Several men who worked in the same place he did had died of Cholera. Something about the locality, or the work, which proved very fatal. Had been sick some time, and the physicians he had said he would soon die. The priest was present to comfort his last moments. He was

nearly unconscious; had been in a collapsed state several hours; lips, tongue, breath and extremities cold; eyes sunken, skin shrivelled and of a bluish livid color, and clammy sweat; thirst; cramps and rice-water evacuations. Was deaf, and appeared indifferent to everything. Most all who were so very low appeared to be hard of hearing, or very *indifferent*, I could hardly tell which. His employers told me he was just the same as their other men were, just before they died, and thought he would die in a short time, but I might do as I thought best about trying to cure him. Gave Camphor every five minutes, and in an hour there was some pulse and warmth, and he appeared better; gave Veratrum³⁰ every ten minutes. 2 P. M., better; continued Veratrum every hour. At 9 P. M. pulse and all symptoms better; continued Veratrum. 15th, morning, found all Cholera symptoms gone, but very weak and distress and load at stomach; Nux Vomica³⁰ every three hours. 16th, better, but very weak, some fever; Arsenic³⁰ every four hours. 17th, better, and the 21st discharged. He was as far gone as any patient I ever saw recover with Cholera.

Case VIII. Mr. S., aged 37, mason by trade. September 16th, 1849. Early in the morning of the 16th he went out of town about two miles to repair a chimney in an unoccupied house, and was soon after taken with purging and vomiting the contents of the stomach and bowels. Rice-water-looking discharges, very thin, commenced soon after; and when I arrived, about 10 A. M. I think, they had been so profuse they had run through a feather and straw bed on which I found him lying, on to a loose board floor down upon the first flooring. Was so weak after the first discharges he never arose to evacuate, and they came involuntarily. He had no pain, but appeared to melt away. Was very indifferent, and took things quietly. Had all the symptoms of collapse. Eyes sunken, pulse slow, and occasionally a deep respiration. Skin of hands shrivelled and bluish color, and clammy moisture; very thirsty and tongue white. Camphor every five minutes till pulse returned and

a reaction partially set in, which was in less than an hour, then *Veratrum*³⁰, to be given every fifteen minutes, when I left him with an attendant. I returned to the city, and had his case reported to the city authorities, as he was a poor man and needed their care. In the afternoon they sent aid to him, and when arriving there, found him so well they insisted upon it he had not had the Cholera!

I think this case shows how much quicker a patient will recover from Cholera who has not been dosed with drugs previously to taking Homœopathic medicine, as he had nothing done for him before I saw him.

The above cases are only a part of those I treated after they were in a collapsed state, and with like results. But a great majority of cases are light and easy to manage. They are almost all different, however, and need different medicines; depending upon the exciting cause and stage of the disease. In some, with nausea only, *Ipecacuanha* was the remedy; those with a feeling as if a load at the stomach, caused by eating, *Nux vomica*; when they had a cold, with fever, *Aconite* or *Dulcamara*; when very *nervous*, with yellow diarrhoea, *Chamomilla*; dysenteric symptoms, *Mercurius*; white tongue and *colic*, *Colocynthis*. Some are very much frightened, thinking they have Cholera, or will have it. Tell them positively *it is not so*, and give *Coffea*, or *Ignatia*, and if the stomach is a little deranged with these symptoms, *Nux vomica*. From 1849 to 1854 every summer and autumn there were many cases of endemic or sporadic cholera, and some of them had all the characteristics of Asiatic Cholera, as it does this year as yet, and was confined principally to unhealthy localities. My treatment for the sporadic cholera, of which we have more or less every year, is the same as for the epidemic or Asiatic Cholera.

August 14, 1866.

OUR FUNDAMENTAL PRINCIPLES.

A late number of the *United States Medical and Surgical Journal** contains a criticism on the Valedictory Address of Dr. A. Lippe, in which are discussed the principles taught, and the methods of teaching adopted, in the Homœopathic Medical College of Pennsylvania. And since, in both these respects, some misapprehensions seem to have been entertained, a few words may be said in reply, lest such misconceptions should come to be accepted as entirely correct.

The great object of all Homœopathic teachers and journalists is, of course, the promotion of Homœopathy itself. While different minds take somewhat different views of what Homœopathy itself essentially consists in, different persons will take still more widely different views as to the particular means best adopted to promote this common cause. And yet no grander picture can be portrayed of the noble nature of man, and no more splendid illustrations of the exalted principles which actuate the human breast can be imagined, than what may be seen in the great multitude of individuals, of widely different religious belief, of opposite political parties, and from every section of our vast country, all working for the one common end of alleviating suffering humanity, and all employing the same common means—Homœopathy.

The same earnestness, sincerity and devotion which we feel within ourselves, we joyfully recognize in all our co-laborers. And while in our own minds profoundly convinced of the truths of Homœopathy as taught by Hahnemann, the very strength of our convictions and the unfailing nature of our trust in the final triumph of Homœopathy itself, lead us to welcome the kindly and courteous discussion of the points of difference among the various branches of the great Homœopathic family. For we know that in such discussions the bond of union and good fellowship will be the more firmly

* Vol. I., No. 4, p. 392.

cemented, the truth will be more quickly set free, on which side soever it may finally rest; and thus, in all respects, Homœopathy itself will be strengthened and established.

Under the influence of such feelings, we proceed to quote from the above-mentioned critique some brief passages, appending to them such replies as they seem to require; and to give in conclusion the portion of the Valedictory referred to:

"But the Doctor goes farther than this, and stalks, booted and spurred, upon consecrated ground, and here we cannot go with him—he sets up barriers with which he hems us in, and offers us leading strings, by which he will direct our steps, all of which we respectfully decline. We make no doubt that the State of Pennsylvania has good right to charter a college which may make Homœopathic doctors; but that this college has been, or can be, endowed by the State with any right or power to make Homœopathic principles, or that it can confer any such right upon Dr. Lippe, we utterly deny."¹

1. The State has not endowed this, or any other college, with any right or power to make Homœopathic principles; but the college is chartered for the specific purpose of teaching Homœopathy and the natural laws on which it is based, and the practical rules which must guide us in applying these natural laws for the cure of the sick. These principles pre-existed, and cannot be made *a posteriori*, nor can they be altered, changed or perverted.

"Here we have laid down three principles which Homœopathists may not deny—graduates of that College certainly may not, if Dr. L. has the power to bind them, and the implication is fair that other Homœopathists cannot—they are the Law of Similars, the Single Remedy, and the Minimum Dose."²

2. The three fundamental principles: the law of the similars, the single remedy, and the minimum dose, constitute an essential trine, an inseparable unit, and the separation of either one involves the rejection of all. If we acknowledge the law of the similars, how can we administer medicines in alternation *a priori*—how can they ever be similar to the diseased condition for which we prescribe them? The similar must necessarily involve a knowledge, first, of the diseased condition, which we obtain by examining the patient; and, second, of the effects of the remedy we are to apply for the cure—this is obtained by the provings on the healthy;

and as nobody has ever proved two medicines in alternation, that knowledge, essentially necessary, does not exist. And if the similar is found, in what other quantity could it be administered but in the minimum dose—*i. e.*, in the smallest dose which may be sufficient to effect a cure. How then can this trine be separated?

"To the law of similars we make no objection. One could not well deny it, and pretend to be a Homœopathist; yet we doubt the right of any college to bind the students as to what they shall or shall not believe."³

3. Belief and knowledge are widely different things. We *believe* what rests on *authority*; we *know* what rests upon *reason*. Nobody in this College ever attempted to bind any student as to what he shall or shall not *believe*. Natural laws, on which rest the fundamental principles of Homœopathy, do not exist by authority: they exist *de facto*, and these facts furnish us with reasons for our *knowledge*. We impart *knowledge*, but bind no one *to believe*.

"We deny this right to Allopathic colleges, and denounce them for presuming to claim and exercise it. Dr. Lippe does this in this very address."⁴

4. And in this we differ from the Allopathic colleges: that we teach natural laws, and by reason of them impart knowledge. The Allopathic School cannot impart true knowledge, having none, and, as they ignore the only true natural laws which must guide the physician in obtaining the knowledge (principles and practical rules) necessary to possess for the cure of the sick, that school can do no better, nay, can do nothing else, than bind its members to be subservient to the dictation of what it is ordered "to believe."

"The next—the Single Remedy—is open to more objection. If we understand Dr. L.'s remarks, the graduates of the College are forbidden⁵ to use more than one remedy at a time; that is, that medicines must be neither mixed nor alternated."

5. Forbidding, and demonstrating a practical rule, necessarily emanating from an acknowledged principle (that of the similars), are just as much at variance as belief and knowledge.

"As regards mixed medicines, we have nothing to say at present, but as regards the alternation of remedies, we hold it to be as Homœopathic as the single remedy."⁶

6. To hold that the alternation of remedies is as Homœopathic as the single remedy, is equivalent to the rejection of Homœopathy. The question has been discussed in the

Homœopathic journals for a long time, and although the arguments for the alternation have been exhausted long ago, and have amounted finally to nothing, the arguments against it have not all been brought out; yet we cannot enlarge on that subject at present; but it is evident that the defenders of alternation have all come to the conclusion that alternation *a priori* is wrong in principle, but admissible as an "expedient."

"No one has yet demonstrated that there are not occasions when remedies given in alternation will not accomplish what one remedy will fail to accomplish.⁷ For ourselves, if we know any thing about the effect of remedies, we know this."

7. The alternators have failed to demonstrate this proposition by arguments and facts: we have nothing but empty assertions.

"By all means cure with one remedy if you can, but do not tell us that we shall not be guided, each for himself, by his own judgment, based upon his own experience."⁸

8. And if we are solely guided by our own judgment, based upon our own experience, without being guided by fundamental principles, we are again exactly where we left the common school of medicine; we are like a *ship* at sea without a compass and without a rudder.

"The responsibility of life and death is a fearful one, and he who takes it upon himself should be untrammelled, and responsible to no clique or college."⁹

9. That is to say, untrammelled by well-established, unerring principles, and pretending to practice according to the fundamental laws of Homœopathy, which he professes to have accepted, claims the liberty to do whatever he pleases.

"The same, and much more, we would say, of the minimum dose. Let no man bind us;¹⁰ we will answer to God and our own consciences for our actions, and to the civil law, if need be, but to no one else."

10. No man is bound to be a Homœopathician; but if he professes to be one, it is presupposed that he is fully aware of the fundamental principles of the system he adopts, and that he accepts them and practises accordingly.

"But this minimum dose—what is it? Surely, no one would give *more* than he thought enough."¹¹

11. It has been the boast of the common practitioner that he has given *so much* medicine, and no physician, before Hahnemann, ever saw the necessity of diminishing (as he from the first intended) the dose. Again the definition

given by pretending Homœopaths even sounds very different: a definition of a proper dose of Homœopathic medicine was thus given: "We endeavor to stop short of symptoms of poisoning;" hence, the definition *here* given.

"And yet Dr. L. defines this dose to be 'the smallest dose,' which may be sufficient to effect the cure in the individual case."¹²

12. The least dose which may be sufficient to effect the cure in the individual case. As Homœopathy demands us to individualize as well in the selection of the remedy in every individual case, and as we cannot give the same remedy to all patients suffering from the same disease, so is it right and proper, and demanded from us, that we should select *in* each individual case, and for that case *the* minimum dose; it thereby follows that we have the whole scale before us; but the low or high potency, the strong and the weak, the large and the small dose, are relative ideas, and in many cases the smallest conceivable dose will be the true minimum dose, and in other cases this very dose, the smallest conceivable, most highly potentized dose of the proper Homœopathic remedy, may prove to be not the minimum dose, and cause great suffering to be added to the diseased condition. In such a case a very low potency, in which the medicinal powers of the remedy remain latent and undeveloped, may be the minimum dose. We hope to be understood, and the experiment will fully prove the correctness of this definition.

"This is just the very dose which every doctor, Homœopathic or Allopathic, supposes that he gives."¹³

13. They suppose. The Allopathist supposes, and knowledge which he should have is wanting; he guesses and supposes that he has endeavored to stop short of symptoms of poisoning; supposes *a priori* and repents *a posteriori*.

"It would be absurd to suppose that anybody gave a larger dose than he thought sufficient to effect a cure. According to this, his third principle means nothing; but is it the smallest *conceivable* dose? That, too, must vary with the different powers of conception. We thought Dr. Fincke had reached it when he spoke of the 71,000th of *Sepia*, but our esteemed correspondent, Dr. Martin, speaks of the 100,000th of *Lachesis*. We do not think that *we* can conceive of that, perhaps others can."¹⁴

14. To comprehend, conceive a fact, depends on the mental development and powers of the person who learns these facts. To deny a fact, or to acknowledge to be unable to comprehend it, is one thing, another thing is to try by the experiment the correctness or the fallacy of the fact. If we accept the theory of potentiation, the question naturally arises, where does it end? how far can we carry it? when

does the effect, curative or otherwise, cease? The answer to this question can only be obtained by the experiment, or must we again hear the exploded "ridiculous?"

"But, seriously, how absurd it is, in matters of pure experiment, for any one, or any class, to attempt to describe the domain of science or art, rather by metes and bounds, or to lay down what Hahnemann inscribed on his banner as authoritative, as Dr. L. does. Are all Homœopaths obliged to believe what Hahnemann said, and do what he did, neither less nor more?"¹⁵

15. No Homœopathist is obliged to *believe* what Hahnemann said. He is supposed to *know* what he said, what his testimony concerning pre-existing natural laws amounted to, whether he was a reliable witness, an expert, and if, believing Hahnemann's testimony, he has convinced himself by the experiment of the correctness of the natural laws on which Homœopathy rests, and the practical rules as the natural superstructure of these fundamental laws, his belief grows into knowledge; nor is he bound to do what Hahnemann did, neither less nor more; on the contrary, it is supposed that he will add to the large treasures left us as an inheritance by Hahnemann, and, guided by unerring laws, develop still further their application to the cure of the sick; add much or little according to his capacity: rear up the growing tower of knowledge, but do not shake its foundations; do at least as well as he did; that is, cure as well as he did, before you find fault with him and his teachings.

"His opinions are matters of interest; but as authority they are as little binding on any medical man—who is a man—as the views of Paracelsus or Joe Smith."¹⁶

16. The *opinions* of Hahnemann, of Paracelsus, or of Joe Smith, are no authority, and are not binding; but we have said nothing of his or anybody else's opinion; we leave them where they are. Hahnemann developes to us *knowledge*. An *opinion* of facts is a consciously insufficient judgment, subjectively as well as objectively; *knowledge* of facts is both subjectively and objectively sufficient.

"Very true; but what do medical men need to bind them together more than their common end and object—to learn disease and what will cure it?"¹⁷ And why may not each one pursue this in his own way, diverse, if you will, from everybody else, and yet be in full fellowship with all?"

17. The learning of the disease does not lead to the cure of it. The knowledge of all the objective and subjective symptoms of the patient (not of the disease) is the first thing requisite; the second is the knowledge of the means to be used for that purpose; and the third are the practical rules

to apply these means according to the laws of nature ; all of which Hahnemann was the first physician to teach the world.

In accepting the degree of doctor of Homœopathic medicine, you at the same time accept certain fundamental principles, radical doctrines, or laws of medical order. These principles have been taught you with an unvarying unanimity by each and every member of the faculty. Never before has the faculty of a medical school more uniformly inculcated the same doctrines in medicine. Nor could such harmonious agreement have been possible in these essential principles of medical science had they not been confirmed by much practical experience during a long course of years.

As Homœopaths, we are agreed that, in the selection of the curative remedy for the sick, we must be governed by the *law of the similars*, and that we can acquire a sound knowledge of the action of medicines only by the study of their provings upon those in health. We are also agreed that the similar remedy must be given *singly, by itself*. And finally, we are agreed that the similar and single remedy must be given in the *minimum dose* ; that is, in the smallest dose which may be sufficient to effect the cure in the individual case. And, as Homœopaths, we are not at liberty to violate either of these three fundamental principles. In fact the violation of either one involves the rejection of all, for they constitute an essential trine, an inseparable unit.

Upon the banner under which you now enter the contest you see inscribed : The Law of the Similars, The Single Remedy, and the Minimum Dose. This was the banner unfurled by Hahnemann. Under this banner his disciples have gained unparalleled success. And this same banner, if you but follow it faithfully, will most assuredly lead you to victory over disease and to triumph over your opponents. *

* And even within our own ranks there are those who fail to realize the fundamental importance of the three great principles which are inscribed upon our banner. Honest sustainers, enthusiastic admirers of Homœopathy, as many of this class are, their support of the new system is too often inspired by zeal without knowledge. From the very earnestness of their desire to conciliate, to please all parties, and to make Homœopathy popular, they are sometimes led to the fatal step of compromising its principles. Homœopathy is nothing if not founded upon the necessary, fundamental principles of our nature.

MUTUALITY IN LIFE INSURANCE.

Much has been said and written about the division of profits by Life Insurance Companies, as bearing upon the safety of those institutions and the special benefits to the insured; and yet, we imagine, few persons, outside the immediate managers of the business, understand the subject at all.

Insurance companies are either entirely *mutual*, entirely *stock*, or both combined. The time was when a dozen men could agree to form a company, so that, by the payment of a certain sum, the heirs of any one of them would be entitled, in the event of his death, to draw a much larger amount. With no capital, but that made up by the premiums paid in, the business of insurance could thus be commenced and carried on to any desired extent. But to insure strength and stability at the outset, State governments have enacted laws, requiring a certain amount of *capital stock* to be made up and deposited with a public officer, that shall always be subject to the losses of the company,—for instance, New York demands \$100,000, Wisconsin \$150,000, and Pennsylvania \$200,000,—before permission is granted a company to do business within their respective limits. There no company can take risks without such guarantee fund to start with. Therefore, in the organization of an institution for life insurance, the first step necessary is to secure sufficient capital and to have it properly invested. And, as we must naturally suppose, such capital can be had and risked in our times only by the payment of a respectable rate of interest thereon.

Having looked somewhat closely into these matters, of late, we may remark that the English and most of the New York companies pay their stockholders *twenty per cent.* of the net profits, while a few pay a special rate of interest varying from *seven* to *fifteen* per cent. on the capital stock.

We may remark that a company that runs at all successfully, in dividing *twenty* per cent. of its net earnings to its stockholders pays a pretty high rate of interest, considerably above thirty per cent. on its capital.

The advocates of purely mutual companies, which now have a reserve fund in lieu of original capital, talk much of the interest or portion of profits paid by stock companies to their share-holders as calculated to lessen the dividends to

policy holders. Now, let us look for a moment at the facts. In a company that is stock and mutual combined, as all lately organized are, the stockholders elect the directors, and the directors appoint the officers and fix their salaries; while in a company entirely mutual, a few policy-holders, say a dozen or twenty, get together and elect the directors, and they appoint officers, fix salaries, &c.

In the first case, the interested stockholders are careful to elect a board from their best men, and they, in turn, are particular to appoint efficient officers and arrange salaries and other expenses in accordance with a rigid economy; while in the latter case the voting for a board is done by the incumbents of the office, or by a small circle of friends gathered around them,—men more interested in the reception of large salaries or large commissions than in the particular welfare of the company.

We have looked behind the curtain far enough to learn that the perquisites, percentages and large salaries paid by these *mutual* companies often exceed *ten* and even *fifteen* per cent. on the largest capital held by any stock company in the country. While the best-managed companies, those destined to outlive financial troubles and the passing away of whole generations of men, are stock and mutual combined, we observe that nearly all new companies have made some provision for the future retirement of their capital.

Having already written more than intended at the outset, we will close by giving some extracts from the charters of the two companies in which we are more particularly interested at this time.

The Hahnemann Life Insurance Company, of Cleveland, provides that:

“Interest on the responsible capital stock of the Company, at the rate of seven and three-tenths per cent. per annum, may be paid to the stockholders pro rata and without deduction.

“The whole of the net profits of the Company, after reserving a sufficient sum for payment of interest as aforesaid, to reinsure all outstanding risks and to meet other obligations, shall be ascertained in January, 1868, and annually thereafter, and be divided as follows:

“Ninety per cent. of the net profits shall be equitably credited to the policy-holders, and shall be payable in such manner as the Board of Directors may direct.

“Ten per cent. of the net profits shall be set aside each

year as a retiring fund of the Company. When this fund shall have reached the sum of \$600,000, it shall, *if a majority of the policy-holders so decide*, be applied to retire the capital stock of the Company; after which the Company shall become purely mutual, and all the profits shall thereafter be equitably divided among the policy-holders. *The interest on this fund, as it accumulates, shall be added to it until the whole fund shall amount to \$600,000 as aforesaid."*

We now quote from the charter of the Atlantic Mutual Life Insurance Company at Albany:

"Article V, Section 2:—On the first day of January in each year, or within thirty days thereafter, and until the retirement of the capital stock, as provided in Section 1 of Article VI, a valuation of the assets and liabilities of the Company shall be made, and after placing to the credit of the stockholders seven per cent. on the amount of the capital, which shall be paid to the stockholders within thirty days after such credit shall be made, there shall, also, at the same time, annually, be placed to the credit of stockholders upon the books of the Company, a sum equal to one-fifth of the surplus which shall remain of the profits, or surplus, after providing for the outstanding liabilities of the Company and the seven per cent. payable to stockholders as aforesaid; upon which credits as aforesaid the stockholders shall receive annually an interest of seven per cent. until the retirement of the capital stock, as hereinafter provided; said interest upon credits as aforesaid to be payable to the stockholders at the same time and manner as the interest upon capital stock as aforesaid provided for. Out of the remaining four-fifths, a deposit sum of \$100,000 shall be reserved, to be used upon the retirement of the capital stock as before provided for; after which the residue of the four-fifths of such profits or surplus shall be placed to the credit of the policy-holders, who may, as provided in Section 2 of Article VI, participate in the profits of the Company, in proportion to the amount of premium paid, respectively, which credit may be represented by scrip, subject to all the provisions of the Charter; but no credit or scrip shall be made for any fractional part of a dollar; nor shall any policy-holder be entitled to a credit for profits who has not been insured for one full year, and whose policy for life, or for an endowment, is not in actual force and existence.

"Article VIII, Section 1:—The provisions of Article VI and all other parts of this Charter, relating to the retirement

of the capital stock of the Company, shall remain inoperative under the existing laws of the State of New York; but so soon as any law shall authorize such retirement of the capital stock, on the part of any company now or which may be hereafter organized, then it shall be obligatory on the part of the Trustees of this Company to accept of such authorization, and at once institute such proceedings as may be necessary to carry out the intentions herein intended to be declared, of a retirement of its capital stock."

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THE PITTSBURG HOMŒOPATHIC HOSPITAL.

Grand Opening of the Homœopathic Medical and Surgical Hospital—Orations, Refreshments, &c., &c.

From the *Pittsburg Gazette* of July 27th we condense the following account of the Inauguration of the Homœopathic Medical and Surgical Hospital of that city. When this noble enterprise was first undertaken last winter, we invited the attention of the Homœopathic profession and public to its merits; and we hope yet to see our own beloved Philadelphia wake up and follow the splendid example set by her sister city.

The friends and contributors to the new Homœopathic Medical and Surgical Hospital, situated at No. 146 Second street, met last evening in the building of the institution to celebrate its completion, all the arrangements necessary for the reception of patients having been perfected. About eight o'clock the doors of the institution were thrown open, and in less than half an hour after the spacious building was crowded from garret to basement by those who had been invited to participate in the inaugural ceremonies, while a great many were forced to remain on the street, there being no room for them within the walls of the edifice. The ladies were in a decided majority, and robed, as they were, in elegant and fashionable costumes, lent a charm to the scene that in their absence it would not have possessed. At the head of the stairs leading from the lower hall, Smith & Larges' string band took a position and discoursed excellent music in the interims from the opening of the doors until the orators of the evening had arrived.

Owing to the immense crowd in the Central Hall, it was some time before sufficient order could be had to allow the oratory exercises to be commenced. At length Major William Frew ascended the stairs, and introduced Hon. Wilson McCandless to the audience.

We regret that our limited space compels us to omit the very interesting remarks of Judge McCandless. The Rev.

Dr. I. C. Pershing followed with some brief historical reminiscences of the progress of Pittsburg, in establishing religious, educational and benevolent institutions.

Dr. Willard, late of Philadelphia, and resident physician of the Hospital, was then introduced and spoke for about ten minutes. In the course of his speech the Doctor stated that the institution was a necessity; that hitherto the believer in Homœopathy had no alternative than to enter an Allopathic Hospital, where he had to submit to be dosed according to the old system. In conclusion, the Doctor made a strong appeal to the ladies for the aid and encouragement in the work they had undertaken. After reading the following resolutions, he thanked the audience for the kindness of their presence and withdrew.

WHEREAS, The Homœopathic Hospital of Pittsburg, being founded on principles of charity, and having for its object the benefit of mankind, we, the ladies of this city, recognize it as an institution worthy of our support; therefore,

Resolved, That we form ourselves into an association, to be called ——— which shall have for its object the interests of this hospital, doing all we can for its maintenance and support.

Resolved, That a committee of our number, consisting of not more than five, be appointed to draft a Constitution and By-Laws, the said committee to report on the fifteenth day of September, and that all who are favorable to the cause be invited to attend, the meeting to be held in Hospital building, subject to the action of the Executive Committee.

Committee.—Mrs. McCandless, Miss M. Moorhead, Mrs. George Bingham, Mrs. W. A. Herron, Mrs. R. W. Parks.

After a few remarks from Major William Frew, the company repaired to the Surgical room to the right of the hall, where ice-cream and French confections were dispensed to the guests with a lavishness that gave evidence of an exhaustless store on hand.

When all had partaken of the refreshments, the company formed themselves into committees of inspection and wandered through the well-lighted apartments, while the music played selections from the productions of the great masters. At eleven o'clock the guests departed for their homes, well pleased with the evening's entertainment.

The completion of this noble and humane work should be a source of pride and rejoicing to those of our citizens who have the interest and welfare of humanity at heart. Its erection is owing to the liberality and munificence of a few private individuals, whose charity cannot be too highly commended. Thousands of dollars have been expended and provision made for the accommodation of one hundred and fifty patients. This outlay and labor we hope will meet its just reward, and the efforts of the good Samaritans who have founded the institution be ably seconded by contributions of assistance from time to time, as the necessities of the institution demand.

NOTICE TO THE READER.

The reception of important and pressing matter, after our first form was printed, must account for the want of our usual variety.

THE HAHNEMANNIAN MONTHLY.

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No. 3

HOMŒOPATHIC MEDICAL EDUCATION.

BY J. H. P. FROST, M. D.

In the present number of the Hahnemannian will be found some extracts from Grauvogl's recent work,—of especial interest as giving his views of the Physiological School of Medicine, and by inference, of the Pathological School also.—The one of which seeks to obtain therapeutical results from large doses administered on the principle of *supplying what is supposed to be lacking in the system*; while the other regards the pathological indications as the first in importance. The former looks upon disease as a distinct entity, to be harnessed by mechanical appliances and harassed by chemical combinations. The latter regards only the consequences of the disorder, and sees its beginning and entire course in the end, and in its ultimate results finds the whole head and front of its offending. Both are alike temporary, external, objective; superficial in their aims and certainly insufficient in their fruits. Both have effectually destroyed all possibility of future progress on their own part, by placing themselves in direct antagonism to the path of empire of modern thought; by assuming *materialism* as their watchword, at a period when the whole tendency of progressive development

in all branches of scientific inquiry is to ignore the external, the objective and material; to regard principles rather than results; to find in life something more than animal heat; and to seek in the domain of Psychology, of dynamic influences and of Final Causes for that substantial satisfaction which the most elaborate and profound Positive Philosophy of Materialism has proved itself unable to afford. The Physiological and Pathological Systems are very well as means, but meagre enough as ends; nor will the mind of man rest content even in their most attractive groves, so long as other and higher walks can be discerned beyond.

The Vital School,—to adopt a term which, if but poorly expressive, has at least the merit of being unobjectionable,—offers to supply the desideratum; with the celebrated Abernethy, it denies that the stomach or any other part of the human organization is a mere chemical laboratory; and it looks with as much interest to psychological physiology as the other schools do to physiological chemistry. The recently developed doctrines of the correlation and conservation of the forces of nature,—light, heat, electricity, &c.,—the Vital School regards with profound interest, rejoicing to witness this grand stride towards a knowledge of the true physiology of the universe.—While at the same time it wishes to see recognized the still higher dynamic influences which in the human organization render these natural forces subservient to the uses of its life and promotive of the final cause of its own being and of all being. The Vital School, in attempting to supply the great therapeutical needs of the age, seeks to develop a Pathology in which the results of disease shall neither be mistaken for the disease itself nor for its causes; a Physiology which shall look upwards and not downwards; and a *Materia Medica* truly physiological, and thus necessarily and infallibly corresponding to the constitution of man. And based upon such sure foundations, the Vital School aims to establish a *Therapeia* which shall look forwards and not backwards; which, not satisfying itself with the temporary relief of the patient, shall aim at his

radical cure; and which, recognizing all the morbid tendencies hereditarily interwoven into the human constitution, shall labor for nothing less than their complete eradication and the final removal of all "the ills that flesh is heir to."

But this can never be accomplished by any system which, like the allopathic, bases its therapeutics upon a theoretical diagnosis. True, the way on "the other side" seems very inviting; and the Physiological path appears at first nearly parallel if not actually coincident with the great high-road. Thus there may be some little children whose teeth and bones are slow in developing, and to whom a little *aqua calcis*, or some small quantities of phosphate of lime, appear to do much good. The system had need, you say triumphantly, of more lime and phosphates; you have supplied the need with certain substantial drams and grains, and behold the happy result! Of a verity, we rejoice to see that the young child is well; it can now chew and digest its food; can kick lustily with its little limbs, and is no longer threatened with infantile marasmus or phthisis abdominalis! But will you now, in your turn, my Physiological friend, please to observe these certain other children, any number of whom can be adduced, who were in a similar strait or worse, and who have been restored to health under the influence of a single dose of Calcareia 30 or 200? The massiveness of the dose in the first instance does not preclude the Homœopathicity of its application or curative action. But the minuteness of the dose in the second instance does preclude all the material supply doctrine of the Physiological School. As Shakspeare remarks, "the napkin is too little;" and if in cases apparently so confirmatory of the doctrine of the Physiological School, we see cures promptly made by remedies whose high attenuation absolutely precludes the material principle of supply, and are thus driven to acknowledge even in them the paramount dominion of the Homœopathic law; why should we not be satisfied to do so in all cases, and to admit that it is not the quantity but the *quality* of the medicine which renders it remedial?

The supply principle of the Physiological School is open to another slight objection; every Homœopathic physician will admit that splendid cures have been made with *nux vomica*, with arsenic and even with hydrocyanic acid and the snake poison,—whether in the lower or higher preparations it matters not just now.—Will any one enlighten us with the recital of the principles or elements of the human organization which were lacking in such cases, and which were so successfully supplied by such deadly poisons?

By the very necessities of our daily practice we are driven to a *Materia Medica* that is not material, in order to cure our cases: and the infinitesimal nature of the remedies so constantly and so successfully used, no less absolutely impels us to the adoption of a *Therapeia* based on a physiology, or doctrine of life, which is higher than that of materialism. Herein is seen the essential difference between food and medicine; however superior its quality, the former must be supplied in some appreciable quantity; but let the quality of the latter be right, and appreciable quantity is absolutely unessential!

We pride ourselves on the immense advances we have made in science during the last half century; but “what are we or our generation” that we should refuse to believe that the next age may not dwarf all our boasted discoveries by opening new worlds of thought, by diminishing the amount of sickness and disease, and by augmenting the duration of human life? We have the principles; let us then grasp and apply them; and even if we cannot hope to realize their ultimate and complete development, in our short lives, let us at least prove ourselves faithful to them.

If it were capable of proof that such cases as we have indicated, on which those of the Physiological School rely, could not be cured by minute doses of the same remedy, that would by no means invalidate our position. For this remedy might not be the one really Homœopathic to the case,—which therefore will be cured by some other. Upon this supposition the principles for which we contend are in reality confirmed; for it becomes evident that the difficulty

does not so much consist in the absence of some particular element, as of lime or iron or of some phosphate, for instance, as in the inability of the system to assimilate these principles from the food which either contains them or at least furnishes the elements from which they should be vitally constructed. And this inability may be but the manifestation of a certain constitutional debility,—or hereditary dyscrasia,—*which, as it is the very opposite of all that is material, requires for its radical cure remedies whose dynamization renders them correspondingly immaterial.*

During the last thirty years, the various branches of the grand tree of Homœopathy have been swayed to and fro,—now approaching, now receding from the central ideas of Hahnemann. And ever and anon some of its members have leaned so far over to “the other side,” that they could not get back again. And why is this? Is it not because they, in common with many others of the Homœopathic School, have busied themselves with taking tithe of mint and anise and cumin, and have neglected the weightier matters of the law? While they have been zealously contending about *alternation* and the *dose question*, and beating about the bush in various ways, they have entirely lost sight of the fundamental root of the great central trunk, from which these are but offshoots. Never shall we see the Homœopathic School united, so long as its members attach the first importance to deductions, corollaries and means, and look chiefly at results, as if solely influenced by motives of expediency. Hahnemann slowly fought his experimental way by the help of attenuated medicines, and the law of the similars,—which in this direction involves a doctrine of correspondencies of which we catch as yet but few and partial glimpses,—until he reached the grand central truth unfolded in his *Chronic Diseases*. To appreciate in his own age a genius of the first order, requires an almost equal power of mind; just as none but a poet of the highest class could render the poems of Homer into another language. Thus it happened that many even of the immediate followers of Hahnemann, failing to

comprehend the profound importance of the ultimate principles which he inculcated, deemed that they improved upon the master when they adopted his methods and ignored his highest doctrines! By the bitterness and unkindness, and covert opposition of such professed disciples, even Hahnemann himself, during the latter portion of his life, was actually driven from the field of the periodical literature of his own School.

It is characteristic of the German mind to think deeply, and patiently, until grand results are obtained; but unfortunately it has not always given to it the power of so displaying either the results themselves or the processes by which they were reached, as to render them intelligible to thinkers less profound. Thus the followers of Hahnemann, misled by the contracted formula in which he propounded his Psoric theory, failed to realize its essential importance to the completeness of his system. Thus have they omitted the very keystone of the arch, the crowning glory of the whole. But the stone which these builders have rejected must be made the head of the corner. For the dynamized remedy, the dose, and even the law of the similars itself, will ever remain a bone of contention, so long as Homœopaths fail to give to Hahnemann's doctrine of Psora, or *hereditarily transmitted* morbid tendencies, its proper place in their Physiology, Pathology and Therapeia. This is the last but indispensable link, which completes the self-supporting circle.

To some this may seem to savor of transcendental radicalism in medicine; but we think there are many who will agree with us that the development of the doctrine of the hereditary nature of disease (of the tendency to disease and of chronic disease particularly) was the grand distinguishing feature of the system of Hahnemann—That the recognition of this doctrine, with its inevitable corollaries of constitutional, corresponding, long-acting, and therefore necessarily-attenuated remedies, forms the great line of separation between the New School and the Old—That the neglect of this doctrine, with its inevitable, unprincipled, temporary expedients, plausible*

generalizations and consequently indispensable massive doses, has led many in the broad and downward way, through the enticing and self-flattering avenues of the Physiological and Pathological schools, to the dead level of what may be called anti-Hahnemannian Homœopathy, to Eclecticism, to Mongrelism, and finally to Allopathy, the common rendezvous of the votaries of an expediency which is as hopeless and destructive as it is unprincipled and materialistic. Most certainly it ought to be evident to all that the triumph of Homœopathy is not to be secured by bridging over the great gulf which in reality separates it from the Allopathic system—That the true glory of the Homœopathic practitioner does not consist in apeing the Allopathist, who despises him for not being man enough to respect himself by respecting his chosen system, and who sees, in the want of faith in the distinguishing characteristics of Homœopathy so freely manifested by very many of its professed adherents, an all-sufficient reason for regarding that system as unworthy of investigation!

Materialism in Medicine is the essential principle of the Allopathic Schools, and of all which incline with them to massive doses. Unfortunately we lack a corresponding term of the opposite character;—Spiritualism being unsuitable, as already appropriated to influences independent of the physical body. If the term *Vitalism* could be so understood as to convey the idea of *dynamic vital forces* belonging to the human system, superior to, elevating, controlling and using the natural forces formerly termed imponderabilia, it would answer the purpose. And even if we cannot at present form an entirely clear conception of the vital principle, it will be sufficient that we recognize it as something superior to the light, heat, electricity, *et id genus omne*, of the forces of nature.—Vitalism in this sense neither denies nor ignores the lower principles which inspire the forms of nature or constitute its active forces; it avails itself alike of all the developments of natural science, and of all the results of human thought and experience; and it ennobles them all by consecrating them to the highest uses of humanity. And

it shows that the highest truths are at once the most radical, the most fundamental, and, when properly understood and applied, the most practically useful.

May we not then hope, that in all our Institutions for Homœopathic Medical Education, during the coming session, if never before, the grand distinguishing principles of our system will be so clearly set forth as to prove to our students, and through them to the world, that in rational culture and in scientific insight and development, Homœopathy is as superior to Allopathy as she confessedly is in practical medicine? Must we not believe, that when this is done as it ought to be done, we shall see the majority of the more intelligent medical students thronging our lecture-rooms,—deserting forever those of “the other side”?

THE SPECTROSCOPE AND THE MICROSCOPE.

The exceeding minuteness of the particles of matter which become visible under the most powerful Microscopes and Spectroscopes of the present day forms a subject of great interest to the Homœopathist; and one which challenges the attention of the Allopathist.

Through the kindness of Dr. A. Zumbrock, of Washington, and of Dr. C. Hering, we are enabled to present the following facts, gleaned from recent European scientific journals:

With the Spectroscope have been seen the one hundred and ninety-five-millionth of a grain of Sodium; the seventy-millionth of a grain of Lithium; the sixty-millionth of a grain of Potassium; the sixty-millionth of a grain of Barium; and the one hundred-millionth of a grain of Calcium.

With a Microscope of one thousand diameters' magnifying power, have been seen the ninety-five thousand-millionth of a grain of Gold, by *Munke*.

One grain of Indigo, dissolved in Sulphuric acid, imparts an intense blueness to three ounces of water—each drop of which contains one-millionth part of coloring matter.

One grain of Magenta (from Anilin) gives a perceptible redness to fifty millions of grains of water.

POISONING BY BELLADONNA; OPIUM GIVEN AS AN ANTIDOTE.

Read before the Philadelphia County Homœopathic Medical Society,

BY R. KOCH, M. D.

Although the antidotal properties of Opium and Belladonna have been known in the Homœopathic school for some time, quite a stir was created among the Old School physicians, when the above fact was made public in one of their journals for the first time some six years ago. They then commenced to discontinue the old practice of adding both of these drugs to one and the same mixture; while several cases are now on record wherein Belladonna had been successfully used in Opium poisoning, and vice versa.

The following case, which came under my direct observation at one of our hospitals for the insane, where I was then resident physician, offers so many interesting points, not only in corroborating the counteracting influences of these respective medicines, but also as regards their symptomatology, that I am induced to lay it before this body.

L., male, æt. 26 years, confined at the hospital, not on account of derangement of mind, but in order to break a passionate habit of using spirituous liquors, and particularly of morphia eating, which latter he became so accustomed to that he had already taken sixteen grains of morphia without fatal consequences, sent for me one night at 11 o'clock, and complained, in a *hardly audible voice*, of a *pain in his eyeballs, as if they were to be pressed out of their sockets*, and of a *tightness over the temples*; after rising from the chair he had an *uncertain gait*, similar to a person afflicted with general progressive paresis, besides complaining of *giddiness*; his voice commenced to leave him more and more, and *the words seemed to choke him*, while he suffered, according to his own account, of a *dull pain in the throat*, with a *feeling as if all the*

muscles of that region were drawn up into a lump, with continual inclination to swallow. Upon my examining his fauces, I found them peculiarly shaped and somewhat congested; the uvula, as well as the half-arches, were retracted; upon the posterior part of the pharynx two oblong tumors, one on each side, were visible, which performed a kind of peristaltic movement, and which were doubtless the contracted stylo-pharyngeal muscles bulging out; his pupils were considerably dilated, and the eyes glazy—pulse slow and full. The patient was immediately put to bed, and, as I suspected something, questioned by me very closely, upon which he confessed having taken poison at 10 o'clock P. M., that is, more than an hour before I saw him. Upon more minute inquiry I found the poison to have been over twenty grains of solid Extract of Belladonna, and as the extract used at the hospital has, by previous experience, been found to be very strong, it must have equalled at least forty-five or fifty grains of the powdered drug. An emetic was now out of the question, as more than an hour had elapsed since he took this dose, and my only hope was in Opium. The only question to decide was the quantity. Considering that a person who could take sixteen grains of Morphia would have no susceptibility for a medium dose, I concluded to give him eight grains of the pure powdered Opium, which the patient was hardly able to swallow, on account of the constriction in the pharynx and œsophagus.

In the mean time his symptoms became worse every minute. He gradually lost all consciousness, became insensible to pain upon pinching the skin, his eyes were staring and almost motionless, while he would sometimes suddenly strike out with his hands, as if wanting to catch imaginary objects in the air (hallucination of sight); great restlessness followed, patient would get out of bed, picked at the bed-cover, like one who looks for insects or other small objects; complete delirium now set in, and the pulse became weaker and weaker, while it ran up in frequency to 100, so that I despaired of his life.

This state continued for about fifteen minutes, when all

the symptoms, except the unconsciousness, gradually decreased, and in about half an hour after he had taken the eight grains of Opium he *fell into a sound sleep*. The pulse became less frequent and fuller, and upon my examining his pupils, which disturbance did not awake him, I found them to be *normal, rather contracted*. The only symptom of importance now was the *saliva*, which continually trickled from his mouth, but this also gradually disappeared.

I now left the patient, believing him to be safe, and returned at 2 A. M., when I found his *neck and face covered with the characteristic Belladonna rash*, of a lighter shade of red than the scarlet rash, and mixed with minute sudamina. He still continued soundly asleep.

At 6 A. M. I visited him again, and found that my entering the room had awakened him. Upon my question, how he was, he *answered somewhat incoherently*, and complained of my allowing the nurses to come into his room and threaten to kill him with knives, forks, &c., showing that he must have had *vivid dreams*, while his *mind was not yet capable of discernment*. The rash had vanished almost completely. When I asked whether he wanted some breakfast, he said that he preferred to go to sleep, took to bed again immediately, and slept soundly until noon, when he awoke perfectly well, talking quite rational, and feeling only a slight *nausea* in the stomach. Besides the nausea, the only remaining symptom, was that he *saw all objects framed with the rainbow colors*, as if he looked at them through a glass prism, which optical illusion continued three days. The recollection of what had passed since I first entered his room on the night before was entirely gone; *he recollected nothing of his own state*. Otherwise he continued well, and his *secretions, which were suppressed*, returned in abundance, particularly that of the kidneys.

I do not deem it necessary to review the features of this case, which are all more or less of interest symptomatically, but would only draw attention to the short time in which the Opium counteracted ALL the symptoms of the Belladonna, even the *rash*.

BICHRIMATE OF POTASH IN CROUP.

BY C. W. BOYCE, M. D.

Croup is described as a "peculiar inflammation of the mucous and submucous tissues of the larynx and trachea, or of the trachea and bronchia, with tendency to albuminous secretion and formation of false membrane."

Added to this peculiar inflammation is a spasmodic tendency of the muscular tissue surrounding the larynx, trachea, and bronchi.

Pathologically, croup may lie at any point between these two extremes. Two varieties of croup are described. First, false or non-membranous croup, comprising the spasmodic, catarrhal, and slightly inflammatory forms; and second, true or membranous croup.

1st. Spasmodic croup comes on suddenly, with difficult breathing; wheezing inspiration; short, dry, hoarse cough, occurring rarely. *No fever.*

2d. Catarrhal croup comes suddenly, with croupy cough, hoarse voice, shrill wheezing, and sonorous inspiration, tightness of the chest, and sudden attacks of dyspnoea; in a few days the croupy character will wear off of itself, leaving simple catarrhal symptoms only.

3d. Simple inflammatory croup. In addition to the loud, harsh, and wheezing respiration, and hoarse, croupy cough, we have usually sore throat, some thirst, nightly febrile exacerbation. *False croup comes on suddenly.*

True croup comes with ordinary symptoms of catarrh—chilliness, sneezing, soreness of the throat, hot skin, thirst, slightly accelerated pulse, hoarse voice, and some little impediment in the respiration.

The false membrane *may* be observed on the pharynx, fauces, or tonsils. The fever increases; the breathing be-

comes more labored; the respiration (after coughing) slow, sawing, sonorous, or ringing; quick expiration; dry cough, with metallic sound; voice shrill; pulse frequent and small; countenance swollen and anxious; head thrown back; cold extremities, with heat of the rest of the body; often profuse perspiration; finally, the blood is not oxygenated; the cheek and lips become livid, the eyes red and sunken, pulse *extremely* small and frequent, and the patient expires in a state of asphyxia.

From the commencement there is exudation of coagulable lymph (albumen), *forming the false membrane*. There are periods of exacerbation and relief; generally the night is the worst part of the twenty-four hours, and almost invariably there is increase of suffering after sleep.

The remedies usually applied, Aconite, Spongia and Hepar, Bell. and Phos., cure nearly all cases of croup, and we have become so accustomed to their use, that we seldom put up any other remedy when first called to prescribe.

Boëninghausen seldom gave others than Acon., Spong., and Hepar. In a great majority of cases a single dose of Hepar, given at night, after the exposure which brings on croup, will control the disease.

Some cases are not relieved in the least by these remedies, and the disease progresses steadily, unless arrested by other means. In these cases, so often fatal, a marked feature is the increase of suffering during the night and after sleep. This is owing partly to the increased dryness of the air-passages during sleep, and the tendency to spasm of the parts implicated.

For this condition there is no remedy in the whole *Materia Medica*, whose pathogenesis at all compares with that of Lachesis.

“Exacerbation after every sleep, in day or night.

“Sensation as if the trachea had become narrower after the siesta; he is unable to detach the mucus as before.”

In Kali bichrom. we have a “heroic” remedy for true croup. The symptoms—“Awoke with all the feelings of

having caught a severe cold; nose full and loaded, as if going to discharge abundantly; throat dry and painful on swallowing; tonsils reddened; tongue coated, with a brownish spot; larynx painful. Pain as from ulceration of the larynx. Tickling on the top of the larynx on lying down at night, causing considerable coughing.

"Feeling of irritation in the larynx in the morning, causing to hawk up mucus; cough in the morning, with tough expectoration; chronic loud cough, from stuffing at the epigastrium, chiefly on waking in the morning.

"Immediately on waking violent wheezing and panting; then violent cough, causing him to sit up and bend forwards.

"During sleep, wheezing and rattling in the chest, heard at a distance."

All these indicate the important relation which this remedy bears to the disease in question. Experimentally, Kali bichrom. proves to be of great service.

Case.—A child of eighteen months rode in an open sleigh towards the west, against a cold west wind, with the neck bare. This exposure took place on Wednesday. During the night following, there were symptoms of cold in the head and throat. These symptoms increased in severity until Saturday morning, when there was a slight croupy cough. During the day there was no more of this cough.

At night there was greatly increased dryness of the throat, and the breathing was heard distinctly through the house. The cough was in paroxysms, and was fearfully increased after sleep.

With the morning came partial relief; but after the morning sleep all the serious symptoms were materially increased.

Aconite, Hepar, and Spongia did no good. A dose of Lachesis during Saturday night relieved temporarily. At 2 P. M., Sunday, Kali bich. was given, with prompt effect, and during the night of Sunday the disease manifestly decreased, and on Monday the child was declared convalescent.

Dr. W. E. Payne, of Bath, Maine, details some interesting

cases in the *Homœopathic Examiner*, which are well worth republication by this Society.

The following, by the editor of the *American Homœopathist*, seems to be more to the point than anything that has before been published :

“The following treatment of this disease (which so often proves fatal under Allopathic treatment) having been uniformly successful in our practice, we submit it to our readers, with the conviction that it will prove equally successful in all cases in which the remedies recommended are indicated.

“It is our custom in the very commencement of the attack, to apply a compress to the throat, and also to the chest, dipped in cold water and covered with dry flannel, so effectually as to exclude the air from the wet clothes. These cold applications are to be renewed as often as the clothes become dry and hot. When they fail to become warm, after remaining on the part ten or fifteen minutes, they should be removed, the part sponged with cold water, thoroughly dried, and covered with a dry cloth.

“In the milder forms of the disease we have found Aconite and Hepar Sulphur to be generally indicated ; but in severe attacks, and especially where there is a highly inflammatory condition of the throat, with threatened or actual formation of false membrane, Kali bichromicum has promptly and effectually relieved the difficulty. We would especially urge upon those having the charge of children the great value of the cold applications, on the appearance of the first symptoms of the disease, being persuaded that if this were promptly and carefully attended to, and the medicine above directed were administered at an early stage, there would be few, if any, fatal cases of croup. Our plan of administration of the remedies is to dissolve twelve or more pellets of Acon. 3d and Hepar Sulphur 6th, each, in a separate glass, one-third filled with water, and give a teaspoonful of the solution every one-half, one, or two hours, according to the severity of the symptoms.

“The Kali bich. is administered as follows: Dissolve one

grain in the 2d decimal trituration in one-half glass of water; of this a teaspoonful may be given at the same intervals as the first named remedies, governed as before by the urgency of the case.

"Other medicines may be required in some cases, but we should always remember that the better our understanding of disease, and the more perfect our knowledge of the remedial action of medicines, the less in number will we employ in each individual case."

As regards the treatment as detailed by Dr. Cropper, the only detractum from it is, that the habit of alternating is destructive to all progress in prescribing, and the physician who practises it habitually, will remain where he started, there being as yet no experience whereby we may with any certainty give remedies in alternation. As Dr. Lippe suggests: "We cannot give remedies in alternation until we have provings made from medicines in alternation."

TRIBUTE TO THE MEMORY OF THE LATE DR. J. P. HARVEY.

At the last meeting of the Homœopathic Medical Society of Alleghany County, the President announced the death of *J. P. Harvey*, M. D., late of Alleghany City, and a member of this Society. A committee, consisting of Drs. Foster and Willard, were appointed to express the feeling of the Society, and send a copy to the *Hahnemannian Monthly* for publication, and one to the family of deceased.

Whereas this Association, having heard with deep regret the death of *J. P. Harvey*, M. D., late a member of this Society, we desire to express our high appreciation of his worth as a man, and valuable and untiring energy in the cause of medical science. Modest and unassuming; a strict adherent to the profession he espoused; and, dying, he is beloved and respected by all who knew him.

Resolved, That, in the death of Dr. Harvey, we have lost a great supporter of our faith, and we sincerely condole with his stricken family and relatives.

GEO. S. FOSTER, M. D., } *Committee.*
L. H. WILLARD, M. D., }

SOME PASSAGES FROM GRAUVOGL'S
"LEHRBUCH DER HOMŒOPATHIE."

CONCLUSION. SECTIONS 351-353.

TRANSLATED BY J. M. HABEL, STUDENT OF MEDICINE.

Upon the whole, we move now most clearly in a period of transition. From year to year the literature of the Physiological School becomes more sterile, and many of our opponents are doubting and oscillating; among practising physicians at least is this fully the case. There is no "golden middle road," such as some would like, as tending to reconciliation,—yet the labors of Virchow, one of the best physiologists, for such a union, proved abortive;—such as some would hate, as a mark of weakness;—and no party is more on the alert than the Homœopathic, and yet the motto of all is progress.

The weakness of the Physiological School appears whenever you try to analyze its doctrines. And if in that quarter, progress should earnestly be desired, they had first frankly to reply to the question, What is the nature of the Old School, and what the nature of the New? This would be impossible for the Physiological School, since the literature of the parties is completely divided. How would this end?

Let us, therefore, remain true to the positive principles of Homœopathy; for every dominion, which the mind exerts over nature, is based, *a priori*, on a principle which governs nature by nature, as it is done in Homœopathy.

Astronomy, the greatest creation of the human mind, had her origin and obtained her perfection solely and singly by induction and abstraction; and created for herself, in this manner only, incontrovertible laws, principles and maxims. Astronomy, therefore, must serve us for a model; and not that method of the Physiological School, which found its

own destruction in its empiricism, its dogmatism and its scepticism.

Every physician, who, at the sick-bed, arrives at an ultimate conclusion, must know all this, in order to be able to determine immediately the value of his conclusions; whether it be merely rational, imperfectly inductive, simply empirical, or rationally inductive, or finally abstractive; or whether, upon the whole, it will stand the test of a logical criticism. Then he will soon learn of what value is the treatment which he has based upon such conclusions, and what success he may expect. These ultimate conclusions are the further touchstone by which we may try the greater or less value of our judgments and views; they are the sharpest instruments of our mental operations, without which no one would know with *certainty* to what his conclusions might lead.

It is now clear and obvious, as I hope, that the Homœopathic treatment of any form of disease is by no means an easy task, or child's play; and that it presupposes a far greater amount of practical knowledge and of natural science than is possible in the Physiological School, where such acquisitions are wanting. That School gives up many cases as incurable, which the art of a physician, as accomplished as this treatise demands, treats with facility, and completely cures.

But if one has no idea of a criticism based on the law of nature, then will he surely suppose that but few of the cures, which happen under his care, were effected by his medicines; for such physicians regard the circle of their vision as the limit of the whole word. And it is, as Schopenhauer says, quite natural, that, as the sun needs an eye to receive its light, music an ear to appreciate its tones, so also the *value* of master-pieces of art and science can only be appreciated by kindred spirits, who are fully able to comprehend them. They only possess the conjuring words which can set in motion the spirits confined in such works, and compel their appearance. Thus as our capacities vary, we receive various impressions of the same master-piece. As Astronomy became great only when it abandoned the geocentric and

adopted the heliocentric system, so also must we in our method of treatment at the sick-bed first discard our notions of the seat and forms of disease, and regulate our views entirely in accordance with the actual causes and apparent conditions of each individual case.

In this world there can be no sounder proof of the correctness of a conclusion, than where nature confirms its truth by the laws of various sciences, which arise without our actually seeking for them, and which are held up to our view again and again by nature; such in reality is the case with Homœopathy. Chemistry, indeed, originated in search of the Philosopher's stone; Natural Philosophy and Astronomy originated in search for astrological predictions; but Chemistry and Natural Philosophy neither preceded their governing laws nor co-existed with them,—the sciences were gradually developed from their first principles.

Homœopathy, in like manner, owes her origin and development to her own governing maxims, and to no others. So, when the followers of Rademacher were searching for specific epidemical diseases, in order to obtain from them indications of their Therapeia, they touched accidentally on the principles of Homœopathy; Natural Philosophy, investigating molecular existence, confirmed the Homœopathic dose; Agriculture, investigating manure, found, incidentally, that it had only to pursue the long-known Homœopathic laws; Chemistry, without any other definite aim than that of curiosity, searched for the elements of the human organism, but involuntarily elicited many explanatory reasons for the Homœopathic Therapeia.

Although all these various sciences, merely on account of the accidental prepossessions of their individual representatives, are placed in opposition to Homœopathy, they, nevertheless, conjointly with Physiology and Pathology, developed in their own fields of labor the most conclusive proofs for Homœopathy itself. How is this to be accounted for?

The Physiological School, developing her greatest strength in doubts, reflects less upon the saving administration of the

physician, than upon the mass of old sayings and affirmations. Whoever wishes to investigate this more fully, has only to peruse the "*Gescheite der Medicine*" of Prof. Wunderlich, 1858. This treatise cannot properly be called a history of medicine, since it is merely a sceptical criticism of all the medical theories of past ages, a regurgitation of all the nonsense which received credit from the remotest times. But little of practical value can be found in it, since it appears that the author sought an opportunity,—not to make known his own acuteness,—but to pour out his wrath against all that did not suit his whims and notions.

Merely to refer to the alleged causes of the theories of former times, is hardly paying proper attention to the task of the historian,—who ought rather to try find out what motives had produced them, and what facts had been the foundation of such a host of sophisms, and why these facts were thus attempted to be explained by all manner of fallacies. When he found, for example, that the ancients regarded cold as the cause of fever, because it preceded fever, it was his duty at least to point out according to the laws of nature known to us, what was fallacious in this explanation; why the fever itself should succeed the chill,—and to indicate the true explanation of the process of fever, in accordance with the present state of science. Such would be an explanation which mere theories could not gainsay; and this we might call writing a history of medicine. Extracts are not yet histories; and sceptical statements do not advance our knowledge.

Wunderlich would have been very useful, had he undertaken to conduct a science to the immutable laws of nature, which for thousands of years had been controlled by speculative ideas; and we should have supposed a salaried teacher of the medical art and science would have been perfectly capable of accomplishing such a task. From this history then we learn nothing new; and find instead merely a fresh proof that men have not yet ceased to expect to gain

laurels by pouring forth floods of vituperation for the benefit of those who eagerly receive them.

The question for the historian is not, if these theories were not or are not appropriate,—but if we have or have not yet found a law of nature which shall supersede them. This would have been the method of a true historical criticism. And in default of a judgment based upon the law of nature, we can expect nothing else than that one extreme will lead to another. When criticism exhausts itself in questions which it cannot answer, then dogmatism makes *tabula rasa* of the whole, and rules supreme. Both methods are alike inconsistent with science ; both alike render futile the expectation of reaching the truth.

The best thing in this History of Medicine, which so excellently portrays the sterility, tendency and future prospects of the Physiological School, is its final paragraph,—which reads thus: “ But what is the nature and further work of our science? Its foundations, so far as they are true, are immutable. But the mind engaged on any branch of nature never reaches the end, but with each succeeding acquisition the circle of its problems enlarges. In what the future problem will consist, no one can tell ; but this much is certain, that the task of the future lies neither in natural philosophy nor in chemistry ; neither in the formation of a pathology of the nervous system, nor in researches into the blood or the cells ; neither in a more subtle and more acute Diagnostic, nor in the modification or multiplication of Therapeutic maxims. The task at the present time is no other than that which Medicine has always undertaken, to find the truth,—to indicate how and by what method it may be found.” This is a different language from that which came from the same lips in 1842 ; and it is entirely in harmony with all that I have so fully stated in this treatise, concerning the pathology and therapeia of the Physiological School ; and it at the same time affords an agreeable confirmation of my teachings and a great deal of satisfaction to myself.

I stated that the circle of problems in this school became

greater the more progress we made; and gave the reasons. But in this I could not claim any merit. What is of more consequence is, that I proved, that these acquisitions were never obtained by any plan based upon the law of nature, but as a matter of curiosity, according to the whim of any one who was in the humor to try his strength; that the acquisition of the essential and undoubted therapeutical maxims must be secured through the immutable laws of nature; and that finally this is the only possible way in which to seek and find the truth.

The effect of the great programme of 1842,—to which the majority of physicians believed it to be necessary to pay such allegiance,—has been that even now they do not rightly understand how to pursue the truth. Can any one give a better testimony of his own poverty? But this was the inevitable consequence of the unconceivable neglect of all laws of nature, of the thoughtless overthrow of the law of causality, and of the great indolence which induced physicians to wander in the misty fields of fancy.

The unskilful judgment searches in the physiology of life for the conditions of diseases and their cure,—in which they are but partly conditioned,—neglecting the numerous other conditions in nature around. Therefore in medical science attention was paid to but a single one of its prerequisites—Physiology. If a stone is thrown into the water, what is the cause of its reaching the bottom? Not the stone and not the water; but the man who threw the stone into the water. The greater weight of the one and the less density of the other had indeed something to do with it; since without these the stone had never reached the bottom. But weight and density will never tell me who threw the stone into the water, and who could take it out again. But the Physiological School undertook to solve such a problem by the closest examination of the properties of the stone and of the water—which may be accomplished in some remote time,—perhaps.

The truth, therefore, which, from the entertainment of such

views, naturally comes to be sought for in physiological medicine,—in which as naturally there exists not the remotest idea of where it could be found,—is not only already found in regard to its maxims, but is itself actually contained in the laws of nature relative to practical therapeutics and to the determination of indubitable diagnostics, indications and prognostics.

Full well I know that many who read this treatise do not desire to be instructed; for in our time there are no buds in which the hidden flower lies concealed, but the people of this day fancy they already possess the knowledge of all things, although they are still very far from it. Scarcely is the foundation of the building laid, when already the gable end, as the finishing stroke, appears; while having but just commenced on the road to knowledge, they imagine they have already approached the end. Narrow and circumscribed as is the view of the majority, still all that from any other view attempts to approach too closely (to the truth) will be excluded and hastily repelled. Experience is neither innate, nor can it be learned at second hand, it must be personally acquired; thus, however limited the measure of experience with which one undertakes to estimate the experience of another, he none the less persists in making the admeasurement and in depending upon it. So full of this evil is our history that I prefer the facts to speak for themselves, rather to than allude to it otherwise. Still less was I in error in regard to reconciliation, since each one finally acts as it seems best to himself under existing circumstances.

On the other hand, the practising physician may make use of the laws of nature, and of the facts proceeding from them, as they are here stated and apply them unhesitatingly at the bedside, with the assurance that each new case will be a new confirmation of their truth.

The truth of the laws of nature and of the facts from them proceeding, becomes the most efficient schoolmaster for those whose acquired spirit of antagonism leads them into opposition. These laws of nature and the incontrovertible

facts (principles) derived from them, become the principle counsellors; since they open, as it were by force, the eyes of those who least desire it; and become the best possible mediators between the different parties,—since in physiology, pathology and in therapeia there can be but one and the same truth.

The social stand-point of the two respective doctrines becomes apparent from the difference which the non-medical public find, from their personal experience, between the teachings of Homœopathy, and the opposition to this science and art. They say, that the Professors of the Universities and their pupils are against Homœopathy and for its suppression, —on account of self-interest; while the vox populi is generally for Homœopathy, and against its repression, as against every kind of oppression.

THE HOMŒOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA.

The Nineteenth Annual Session of this Institution commences Monday evening, October 8th, with an Introductory Lecture by Professor Foote, in the main hall of the College Building, 1105 Filbert street, Philadelphia, to which the public are cordially invited.

DEMONSTRATOR OF ANATOMY.—The students and friends of the College will be pleased to learn that RICHARD KOCH, M. D., formerly engaged in the Insane Asylum at Harrisburg, has accepted the appointment by the Faculty of the position of Demonstrator of Anatomy. With his assistance the Professor of Anatomy expects to be able to afford the class ample opportunities and advantages for practical study in this Department.

BADIAGA.

ADDITIONAL REMARKS BY C. HERING, M. D.

After the friends of our cause among the Russian nobility had communicated the use of this very valuable popular medicine to Hahnemann, who, it is said, has left among his papers some very important observations regarding it, and esteemed it as an antipsoric, the following notices have appeared in our literature:

1835. A. H. Z. tom. VII, page 71. Dr. Fielitz reported the very remarkable curative influence of repeated doses of *x* in a case of glandular swelling of twenty years' standing. Compare symptoms of neck.
1837. A. H. Z. tom. II, page 193. C. Nenning, our great, not sufficiently appreciated prover, inquires: What is it?
1838. A. H. Z. vol. XII, page 53. Dr. Fielitz answered it, quoted Blumenbach and others; and the same year in the *Hygea*, vol. VII, page 500, Dr. Roth, in Paris, communicated what J. G. Georgi says about it in his "Description of the Russian empire." 1801.
1839. *Hygea*, vol. IX, page 95. Dr. Roth continued quoting and extracting, *Comment. Acad. Petropolit.* tom. II, ann. 1727, pages 343-347. J. S. Bindheim wrote a treatise on *Badiaga*, which was published in the German and Russian, and not mentioned by Roth.
1848. A. H. Z. vol. XXXV, pages 37-8. Dr. Rosenstein reported a complete cure of a chronic syphilitic bubo with *Badiaga*, after Sulphur, Carbo anim., Clemat., Silicea, Iod. and Arsen. had been given in vain; and

1853. A. H. Z. vol. XLV, page 109. Continued his reports.

These remarks, combined with the proving of Dr. L. Bedford, will enable every practitioner to use it with certainty in similar complaints, and in many others.

A comparison with *Spongia*, its nearest of kin in the animal kingdom, will show striking similarities and remarkable differences.

A comparison with *Silicea* will show many similarities with marked differences. The same is the case with *Carbo animalis*, *Clematis* and others. According to Rosenstein it is complementary to Sulphur and Iod., and in some respects even to *Mercurius*.

Badiaga is often indicated with such persons as had scrofulous complaints in childhood, which disappeared without being cured, as people say, "by nature," during the years of development, thus waiting only for an occasion to show themselves again, or to return in old age in a different form.

If cures made with *Badiaga*, with all the symptoms which decide the choice, are reported to our journals, a diagnosis, with its relatives, will be given soon after.

Rosenstein used a tincture, others the potencies from the triturations. A. J. Tafel has made his preparation from genuine *Badiaga*, sent from Russia to Philadelphia by a careful and trustworthy physician.

A Russian lady told us, the right pronunciation was *Badjága*.

MIND.

- . In spite of the headache he is still clear in his mind, and more inclined to mental activity than before. G. L.
- . Upon the slightest emotion or thought, forcible pulsation of the heart. 77, 78, 79, 80.
- . A moan or shriek, caused by the pain in side. 92.

HEAD.

- . Dull dizzy feeling of head. 19.
 - 5. Congestion in forehead. 10.
 - . Headache from two P. M. till seven in the morning, with slight aching pains in the posterior portion of both eyeballs, and in the temples. 5th d. L. B.
 - . During the day more or less headache, with pain in eyeballs, worse in the left; more from one o'clock in the afternoon till seven in the evening. 6th d. L. B.
 - . Frontal headache during the forenoon, worse in the temples, and extending into the posterior portion of the left eyeball, aggravated by moving the eyes, 10th d.; the same on the 11th d., but worse in the afternoon until late in the evening; the same the 13th d., extending to both eyeballs, aggravated by moving them in either direction; worse in the afternoon, with heat in the forehead and dull aching in the temples. L. B.
 - . Headache with inflamed eyes. 26.
 - 10. During the afternoon, heat, pain and congestion in the forehead, worse at seven in the evening. 10th d. L. B.
 - . In forehead drawing. 91.
 - . In temples and eyeballs pain, 6, 21, 76; to the temples from eyeballs. 22.
 - . A very severe headache on the top of the head, remains the same in all positions, better at night *after sleeping*, and better in the morning, returning violently after breakfast, lasting several days. C. Hg.
 - . Headache commencing between one and two P. M., lasting till between six and seven in the evening. 7th and 9th d. L. B.
 - 15. Headache, coryza, and some other symptoms, better on the 15th d., less during the afternoon. 12th d. Dull during the afternoon, beginning at one o'clock. 13th d. L. B.
 - . Headache and soreness of the body, aggravated from seven to ten in the evening, on a rainy day. 14th d.; slight on the 15th d., from one to three in the afternoon. 16th d. L. B.
 - . Headache, does not affect the mind, 1.
-

- . An excess of dandruff or dry tetter-like appearance of the scalp, with slight itching. 11th d. L. B.
- . Scalp sore to the touch, with tetter-like eruption on the forehead, and dull dizzy feeling of the head during the forenoon, 12th d.; soreness less on the 15th d. L. B.
- 20. Itching of the scalp, with much dandruff, like tetter, and dryness of the hair, 13th d.; tetter less on the 15th d.; all disappeared on the 17th d.; hair again soft and oily; this whole change taking place last night mostly. L. B.

EYES.

- . At 3 P. M. In the posterior portion of the right eyeball a severe intermitting pain, more or less severe during the afternoon, 3d d.; same and in temple, 4th d.; 5th d., 6; in left eye, 6th d., 7. L. B.
- . Pains in the eyeballs extending into the temples, aggravated by turning them in either direction, 9th d. L. B.
- . In left eyeball from temples; from forehead. 8.
- . Pain in the left eyeball and temple, quite severe, extending to the left side of the head and forehead. 11th d. L. B.
- 25. Headache extending to the eyeballs. 8.
- . The right eye is irritated and somewhat inflamed, with headache during the afternoon, same as the 7th and 8th d. L. B.
- . The left eyeball quite sore, even upon closing it tightly. 12th d. L. B.
- . Scrofulous inflammation of the eyes, with hardening of the Meibomian glands. N. N.
- . Twitching of the left eyelid. G. L.
- 30. Bluish purple margin of the eyelids, and blue under the eye. 12th d. L. B.

EARS.

- . During the afternoon very slight shocks heard in the ears as of very distant artillery, 19th d.; the same three or four times *during afternoon and evening*, 20th d.; occasional and momentarily up to the 27th d. L. B.

NOSE.

- . Sneezing with coryza at times during the day, with a cough as from cold, more during the afternoon, 5th d.; cough causing sneezing and profuse coryza, 7th d. 70, 78. L. B.
- . Occasional sneezing, with more profuse coryza, most on the left side, with occasional stoppage of the nose; worse in the afternoon and evening. 8th d.
- . Coryza and cough. 9th d. 70. L. B.
- 35. Sneezing, fluent coryza, with stoppage at the nose at times. 10th d. L. B.
- . Profuse discharge from the left nostril, 12th d.; thick yellowish mucus, more during the afternoon; it is also hawked up. 13th d. L. B.
- . His catarrh lessened perceptibly. G. L.
- . Itching of the left wing of the nose. G. L.

FACE.

- . On forehead tetter-like eruption. 19.
- 40. Under the eyes blue. 30.
- . Pale ashy or lead color of the face. 12th d. L. B.
- . Left cheek and malar bone quite sore to the touch. 13th d. L. B.
- . Stiffness in the maxillary joints. C. Hg.

MOUTH.

- . In a decayed back tooth drawing. 91.
- 45. During the afternoon the mouth and breath hot and feverish, with thirst for large quantities of water at a time. 10th d. L. B.
- . Bad taste in mouth, evening, 51.
- . Mouth and tongue as if scalded, 52.

THROAT.

- . Hawked up a viscid solid lump of bloody mucus in the morning, 12th d. Next day, when first getting out of bed, a mass of hard, gluey, bloody mucus, tough and dry. 13th d. L. B.; compare 35.
- . Throat inflamed and sore, especially on swallowing, 2 P. M. 11th d.; increasing same day; quite inflamed and sore, especially on swallowing, while most other symptoms are better or disappearing. 12th d. L. B.

50. Throat quite sore, tonsils red and inflamed, aggravated much on swallowing, 2 P. M., 13th d.; especially upon swallowing solids, 14th d.; disappeared, 15th d. L. B.

APPETITE.

- . Diminished appetite; bowels costive; urine high-colored. 10th d. L. B.
- . But little appetite; took toast for dinner; at seven in the evening for tea a small piece of toast and cup of tea, with a bad appetite and bad taste in the mouth, 11th d.; better on 12th. L. B.
- . Good appetite, with less thirst, and with a feeling as if the mouth and tongue had been slightly scalded with hot tea. 12th d. L. B.

- . Thirst for large quantities of water. 44.
- 55. Less thirst, with a good appetite. 52.
- . Worse after breakfast; headache. 13.

STOMACH AND ABDOMEN.

- . At 8 A. M. a severe lancinating pain in the pit of the stomach, extending to the vertebra opposite, and to the right scapula, and at times to the right side, resulting there in a pleuritic pain; also a pleuritic pain on the left side, which, as well as on the right side, is aggravated by contortions of the body, and on full inspiration. 10th d. L. B.
- . A lancinating pain, with a bounding movement in the region of the liver, lasting but a few minutes. 8th d. L. B.
- . Bowels costive. 50.
- 60. *Hæmorrhoids. Popular remedy.

- . In the afternoon sharp pain felt in the right kidney, lasting but a few moments. 27th d. L. B.
- . Urine high-colored, 10th d., (50,) and reddish. 12th d. L. B.
- . Severe sharp lancinating pain in and near the orifice of the urethra, lasting but a few minutes at noon. 3d d. L. B.

GROINS.

- . *Indurated inguinal glands. Popular remedy.

65. *Syphilitic bubo in the left groin; a longish swelling, as hard as a stone, uneven, rugged, like a scirrhus; at night violent lancinations, as if with red hot needles. Rosenstein.
- . *Buboes originating by consensus or cellular irritation, with shooting pains, if suppuration has not commenced, will disappear in three days completely, if with rest, low diet, cold local application, the tincture of B. is given, one drop in a tablespoon of water every three or four hours. Rosenstein.
- . *Buboes, with decided fluctuation, are scattered and absorbed from six drops of the tincture every day in water. Rosenstein.

CHEST.

- . While lying on the right side in bed, and at the moment of becoming unconscious by sleep, severe oppressive suffocating attacks from suspended respiration, causing a quick effort to prevent suffocation, by changing position. This is an old symptom, aggravated during the past week; he often avoided going to sleep in such a position on this account. 18th d. L. B.
- . On full inspiration pleuritic pain, 56; aggravated pain in side. 75.
70. Breath hot and feverish. 44.
- . Occasional severe paroxysms of spasmodic cough, ejecting viscid mucus from the bronchial tubes, which at times comes flying forcibly out of the mouth, more during the afternoon, caused by a tickling in the larynx as if a particle of sugar was being dissolved in the throat. 6th d. Similar paroxysms during the 7th day, at times causing sneezing, with profuse coryza, most from left nostril, (compare 32,) worse after one P. M. 7th day. During the 8th day quite severe, more in the afternoon. 8th and 9th d. L. B.
- . Cough with yellowish mucous expectoration, 10th d.; not as severe the 11th day, while other symptoms are about the same, and better in the warm room, 11th d.; less severe and less frequent, 12th d.; much better. 14th d. L. B.
- . Cough causes a sneezing. 70, 78.

- . A severe sharp lancinating pain in the right supra-clavicular region, in or near the subclavian artery, lasting several minutes during the evening, 13th d.; lasting but a few minutes and less severe, 14th d.; severe lancinating drawing from three to five minutes, nine o'clock evening, 15th d.; slight, for a minute at the time, till the 27th d. L. B.
- 75. Pain in the upper part of the right chest. C. Hg.
- . Pleuritic pain in right side, also on the left the 10th d., 56; increased with stitches in both sides, aggravated on motion or full inspiration, afternoon 10th d.; increased, with soreness of the whole body, especially the chest; aggravated during the afternoon and evening. 10th d. L. B.
- . Severe stitches in the sides, especially the right side, from the seventh to the eighth rib, aggravated by the least motion, 10th d.; severe, especially in the posterior portion of right side; the 11th day, 116; neither soreness nor stitches remaining in the left side on the 13th d.; the right side also better, and many other symptoms, on the 14th d.; pain in the right side only on contortions of the body. 14th d. L. B.

HEART.

- . Severe vibrating tremulous palpitation of the heart, even while sitting or lying quiet, upon the least elating or other emotion of the mind. 12th d. L. B.
- . While lying in bed, forcible pulsations of the heart felt and heard, extending from the chest up into the neck upon the slightest emotion or thought. 12th d. L. B.
- 80. Palpitation of the heart, with a fluttering and vibrating upon the slightest emotion of the mind. 13th d. L. B.
- . Occasional spells of severe jerking, fluttering palpitation of the heart upon a sudden elating thought or emotion of the mind, even while sitting or lying. 15th d. L. B.
- . To-night, while lying on the right side, the heart is both heard and felt to pulsate from the chest up to the neck. 15th d. L. B.

- . Midnight, while in bed, vibrating palpitation of the heart, lasting but a few minutes, after which, while lying on the right side, a sensation as if the lower lobe of the left lung was settling down or being collapsed, it appeared to have settled from three to four inches, lasting five minutes, and was relieved by changing position. 27th d. L. B. Compare 67.

NECK.

- .. Up into the neck palpitation. 78, 87.
- 85. A very stiff neck. C. Hg.
- . Soreness and lameness, with stitches in the nape of the neck, aggravated by bending the head back and forth. 13th d. L. B.
- . Stitches and stiffness in the nape of the neck, aggravated by flexing the head back and forth, or felt a few minutes at a time while sitting still. 17th d. L. B.
- . Occasional severe drawing pains in the nape of the neck, lasting but a few minutes at a time. 18th d. L. B.
- . *Glandular swellings on the left side of the face, the throat and neck, nearly all of the size of a hen's egg, some hard, some suppurating; they disfigured and enlarged the whole region considerably since his early youth, now twenty years; x in often repeated doses, lessened it very much, more than half the former size. Fielitz.

BACK.

- 90. Severe pain in or near the head of the right scapula, lasting but a few minutes. 10th d. L. B.
- . Painful drawing near the spine to the left, downwards from the shoulder blade; a similar sensation in the forehead and slightly in a decayed back tooth. G. L.
- . Severe lancinating pains and stitches in the posterior right side below the scapula, aggravated very much by throwing the shoulders back and the chest forward, or contortions of the body, at times eliciting a moan or shriek, caused by the pain. 12th d. L. B.
- . In vertebra opposite pit of stomach, pain from front to back. 56.

- . Pain in the small of the back, hips, and lower limbs. 11th d. L. B.
- 95. Pain in the front of the upper part of the right shoulder, afterwards in the left shoulder and arm. C. Hg.
- . In the scapula pain from pit of stomach. 56.

LIMBS.

- . In the left arm and shoulder pain. 95.
- . Palms of the hands hot and dry, 10th d.; dry and husky, 11th d. L. B.
- . Hips pain. 94.
- 100. A pain in the right knee-joint, lasting about twenty minutes. Two P. M., 9th d. L. B.
- . Pain in the left knee-joint on going up or down stairs. 12th d. L. B.
- . An intermitting pain in the muscles of the lower posterior third of the right leg, with a sore, contracted, clumsy, bruised feeling of the anterior muscles of the lower third of the right leg, which is aggravated by flexing the foot and going up stairs, when the toes have a tendency to drop down, as it would do if the foot was asleep, although it does not have the sensation as if asleep. 6th d. L. B.
- . The intermitting pain in the *posterior* muscles of the right leg has not been felt since yesterday, but there is an aggravation of all the symptoms in the *anterior* portion of the same leg to-day, especially when going up stairs, walking or flexing the foot, so as to render it quite painful and awkward, 7th d. The sore, numb, clumsy, bruised feeling in the right leg is ameliorated by remaining quiet in the house, aggravated by going up and down stairs several times during the afternoon, rendering it necessary to go up slowly, on account of the uncertainty of step and tendency of the toes to drop down, which makes it necessary to step higher with the right foot. 8th d. L. B.
- . A pain running from the anterior of the right leg to the posterior of the right thigh, between twelve o'clock and one in the afternoon. 9th d. L. B.
- 105. The anterior muscles of the right leg sore as if beaten, and a contracted feeling, sore upon going up stairs or walking, with a numb feeling while sitting or lying, 10th d. The constant sore, numb feeling

of the muscles of the leg continues to be more or less aggravated at times, especially on going up stairs, or flexing the foot on the 15th d. Soreness and numbness is better, and only slightly troublesome on going up stairs on the 16th d. L. B.

- . Lower limbs pain. 26.
- . Several small hard lumps along the shin-bone. C. Hg.
- . *Lessened hard-cellular swelling of both legs. C. Hg.
- . Severe crampy pains in metatarsal bones of both feet. 117.

110. Sharp stinging pain in the posterior portion of the right heel, aggravated by the slightest pressure, lasting but a few minutes. 11th d. L. B.

- . *Bad ulcers on the feet of horses. Popular remedy.
- . *Hurts of the hoofs of horses. Popular remedy.
- . In toes a tendency to drop down as if asleep. 35.
- . *Chilblains. Popular remedy.

WHOLE BODY.

115. A general soreness of the muscles and integuments of the whole body, especially the integuments; aggravated on motion, and especially by the friction of the clothes, 8th d. Flesh and integuments feel sore to touch, even of the clothes, with sensitiveness to cold and cold air, 9th d. Sore as if it had been beaten, and very sensitive to touch or the friction of the clothes, 10th d. (compare 75); less during the afternoon, 12th d.; also less sensitive to cold, and to cold air, and to touch, 13th d.; all gone the 16th d. L. B.

- . During the afternoon, severe aches and pains in various parts of the body, with severe stitches in the sides, especially the posterior portion of the right side, aggravated by the slightest motion, 11th d.; all gone the 16th d. L. B.

SLEEP.

- . Awoke with frightful dreams and severe crampy pains in the metatarsal bones of both feet, lasting from fifteen to twenty minutes, at three to four o'clock the 3d d. L. B.
- . Restless night, could lie a short time only in one position on account of the soreness of the muscles and whole body. 11th and 12th d. L. B.

- . *At night violent lancinating pains in the bubo. 64.
- 120. In the night palpitation, lying on the right side. 81.
- . At midnight palpitation. 82.
- . Headache better at night. 13.
- . Midnight no headache, also throat better. 14th d. L. B.
- . Headache better after sleep. 13.
- 125. Getting out of bed, hawking of mucus. 47.

FEVER.

- . Heat in forehead. 8, 10.
- . Feverish, hot breath and mouth. 44.
- . Hot and dry palms of hands. 98.
- . *Hot stitches in bubo. 64.

SKIN.

- 130. Itching on scalp. 18.
- . *Scrofulous diseases, particularly swollen glands. Popular remedy.
- . *Bruised spots from falls or from being beaten. Popular remedy.
- . Sensitive to cold, cold air. 115.
- . Better in warm room. 71.
- 135. Friction of clothes aggravates soreness of skin. 115.
- . Flesh and skin sore to the touch, 115; cheek and malar bone, 41.
- . Aggravation by the slightest pressure, the pain in the head. 110.
- . By closing eyes tight they are sore. 27.

POSITIONS.

- . While sitting, numb feeling in the right leg, 105; stitches in neck, 87; palpitation (from emotion), 77.
- 140. Lying on right side, suffocating attacks, 67; sensation in left lung, 82; palpitation, 81.
- . Lying in bed palpitations upon the slightest emotion, 78.
- . While lying, numb feeling in right leg. 105.
- . Could lie but a short time in one position, on account of soreness. 118.
- . Remaining quiet in the house lessens leg complaints. 103.
- 145. In all positions headache the same. 13.
- . Has to change position in bed, from suffocation, 67; to relieve sensation in left lung. 31.

MOTIONS.

- . Turning the eyes, pains, 22; moving eyes aggravates pain in eyeball. 8.
- . By bending the head, the sore neck, 86; by flexing head stiff neck aggravated. 87.
- . Contortion of body aggravated the pleuritic pain, 56: pain in sides, 92; in right side, 74.
- 150. Throwing shoulder back and chest forward, stitches in side. 92.
- . Flexing the foot, pain in right leg, 102, 103; numbness. 105.
- . On walking, pain in legs, 103; in the right leg. 105.
- . Going up stairs, pain in leg, 103; sore feeling, 105; pain in right leg, numbness. 105.
- . Going up and down stairs, pain in leg, 103; in knee-joint. 101.
- 155. Motion aggravates pain in sides, 75; soreness of integuments. 115.
- . With the least motion stitches, 76; pain in sides. 116.

DIRECTION.

- . Downward drawing in spine. 91.
- . Posterior muscles of right leg one day, the next day anterior, 103; from anterior to posterior part of right thigh. 104.
- . From pit of stomach to vertebra. 56.

RIGHT TO LEFT.

- 160. Right eyeball, 3d and 4th d. 21; both 5th d. 6; left, 6th d. 7; 10th d. 8; 11th d. 24; pleuritic pain, 56; shoulders, 95; right knee, 9th d. 100; left, 12th d. 101.

SIDES.

- . Right temple, pain, 21; left, 8; side of head, 24.
- . Right eyeball, pain, 21; left, 7, 24.
- . To left eyeball, headache, 8.
- . Right eye inflamed, 26; left aching, 8; eyeball sore. 27.
- 165. Left upper eyelid twitching, 29.
- . Left nostril coryza worse, 33, 35, 78.
- . Left wing of the nose itching, 37; cheek sore, 41.

- . Left side of face and neck, swollen hard glands, *89; in groin, *64.
- . Right supraclavicular region pain, 73; below scapula stitches, 92.
- 170. Right side, pain, 56, 74; stitches, 76, 116; chest pain, 74; left side, pleuritic pain, 56.
 - . In left side of chest as if collapsed, 82.
 - . Right kidney, pain, 60; left, near spine, drawing, 91.
 - . Right shoulder pain, then left, 95.
 - . Right scapula, pain, 56, 90; left arm, 95.
- 175. Right leg, pain (and lameness,) 102, 104; sore, 105; right knee, 100; left, 101; right heel, 110.

TIMES OF THE DAY.

- . *Morning*—Three, four A. M., awaking with frightful dreams, 117; better in the M. after sleep, headache, 13; bloody mucus, 47; eight A. M., pain from pit of stomach to back, 56.
- . *Forenoon*—Dizzy feeling, 19; headache, 8.
- . Twelve M., pain in the urethra, 62.
- . *During the day*—Headache, 7, 8; coryza at times, 32; cough, 70.
- 180. *Afternoon*—Two P. M. till evening, seven o'clock, headache, 6; one to seven o'clock, 7; eyeballs ache, 7; one to two P. M. till six to seven, 14; worse, 26, and eyeballs, 8; till seven o'clock evening, 8, 10; from one, 15; one to three afternoon, 16; three P. M. in eyeballs, 21; shocks heard in ears, and evening, 31; coryza worse and cough, 32, 33; thick mucus, 35; two P. M. sore throat, 48; cough worse, and coryza, 70; pain in sides, 75; and evening pleuritic pains and soreness all over, 75; pain in right kidney, 60; twelve to one P. M., pain in leg, 104, 103; two P. M., in knee, 100; aches all over, 116; feverish, 44.
- . *Evening*—Seven to ten. Worse headache and soreness of body, 16; shocks in ears, 31; coryza worse, 33; pain in supra-clavicular region, nine P. M., 73.

OTHER MEDICINES.

- . After it follows well Lachesis. C. Hg.
- . It follows well after Sulph., Merc. and Iod. Rosenstein.

GASTRALGIA—DYSPEPSIA.

FOLLOWED BY AN EPIGASTRICAL TUMOR AND MARASMUS: CURE BY HYDRASTIS CANADENSIS.

[Translated from the *Journal Dispensaire Hahnemann*, vol. iv. No. 11.]

At the end of the year 1864, M. B. had suffered for five years of pains in the stomach, which had appeared after strong mental emotions and disappointments, the influence of which he was unable to avoid. M. B. was then 78 years of age, he had always been and still was devoted to some works of the administration.

Vain attempts had been made to moderate the pains or palliate them by the use of sometimes soothing, sometimes resolute remedies, or by alternate sedatives or tonics. Imperfect and passing relief were the only results obtained. Aconite, moderate doses of Belladonna,—the use as a beverage of the “eaux de Pougues,” of the syrup of the bitter orange-peel of Laroze, the powders of subnitrate of Bismuth and Magnesia, laxative alkaline preparations of pepsine, of soothing laxative pills, of the elixir of Boujean bark, Malaga wine, Codeine, Morphine, renewed epigastric blisters, vegetable charcoal,—such were the means successively employed during the space of five years, with necessary intervals required by rest, in order to give relief to suffering characterized by laborious and painful digestion, but not complicated for a length of time by loss of appetite, thirst, quickened pulse or any of the disorders of circulation—even of gastric secretions, as far as could be conjectured by the state of the tongue, which always seemed perfectly clean.

For the trial of remedies employed, which, although at a glance and as enumerated they appear formidable, were used temperately, each in their turn and with order, it must be remembered that a considerable time was requisite; and their unsuccess was not absolute, as twice at different times

there seemed to be an improvement, the first time for many months, the second for a few weeks.

But the renewal and persistency of the initiative causes of this serious derangement of health contributed much in neutralizing the benefit of the medicines.

Unavoidable circumstances deprived M. B. of the probable advantages of a few seasons at some appropriate mineral spring, such as Evian, Neris, Pougues.

Until April, 1864, the pains bore no other form than that of gastric dyspepsia; but at that time a considerable loss of appetite was remarked, considerable loss of strength also, greater sensitiveness in the epigastric region, in which pulsations isochronous to the pulse were perceived, and a flattened, resistant tumor of some two inches in diameter.

The application of leeches to the rectum seemed warrantable for several reasons; for aggravation in the symptoms, a certain hardness in the pulse, and finally unmistakable signs of a circular congestion in the coeliac regions, in a person who had had for a long period of his life slight nasal hemorrhages, sufficiently abundant and critical in this sense that they seemed to dispel and be favorable to an often repeated cephalalgia, caused by laborious and sedentary habits. This bloody evacuation of a sufficient, though not considerable quantity, gave but incomplete relief; it seemed notably to act on the strength, and notwithstanding the hæmorrhoidal inflammation which at different times appeared, and which it had been proposed to encourage, so as to remove it from the umbilical region, but on consideration it was also given up.

A more regular use of laxative pills was insisted upon, also the precipitating alkaline water of Evian, and the tonic sedative elixir of Boujean; dissolving frictions of the Balm of Conicine on the epigastric region, and the granulations of the same substance administered for series of eight days, with intervals of rest.

In July of the same year, 1864, no improvement had taken place; the patient was advised, as his business allowed it at

that time, to visit the springs at Evian. He readily got used to the water, and enjoyed the place well, as the season was excellent, but he felt but little relief, which time soon dissipated.

In November the pains were insufferable; the loss of appetite, of sleep and strength became more alarming, frequent vomiting and great anguish about the heart, almost permanent, were added to the already painful condition of a man, whose mode of living had always been very regular; being a living model of sobriety and prudence.

Among the various physicians consulted there was not one who did not believe that an organic derangement of the constitution, probably of a scirrhus character, existed. It was then that finding that the remedies given up to this time were without effect, I remembered the indications of one proposed in "*L'Art Medical*" of last issue.

This remedy, "*Hydrastis Canadensis*," had cured or contributed to cure cancers in various cases, as reports of gathered observations in America set forth. It was almost incredible. But as incredulity is easily overcome in situations of imminent danger, they used *Hydrastis* in mother tincture, two drops, a dose morning and evening, in a spoonful of water. The patient submitted to this prescription, though without any hope, for during his illness he had used so many different medicines administered in this manner, and without success, that he had lost all confidence in them.

He supposed this new remedy to be as inefficacious as *Nux vomica*, *Ignatia*, *Chamomile*, *Colocynth*, *Arsenic* and so many others. He took it with the greatest indifference; but his opinion soon changed, for in the space of three weeks the vomiting had ceased, the pains in the chest were decidedly better, and the disgust for food by degrees became less.

After six weeks the whole body felt improved, and strength commenced to return. Medicine was now taken less frequently, a circumstance which did not affect his progressive improvement; and M. B. who is now about eighty-one years of age, enjoys at this period, which is eighteen months since

taking that medicine, the full exercise of his digestive functions; he is almost without any kind of pains, he has become as active as formerly, can attend to business and enjoy during the night the sweetness of rest. The coeliac pulsations have lost three-fourths of their intensity, and the epigastric tumor two-thirds in size, in extent and thickness, and, according to our judgment, also in hardness; it presents now a disc of some hardness in the centre, and gradually limited in circumference.

These conditions certainly have not been under the control of our autopsy, but the practising physician can well afford to forego such a satisfaction in view of a still nobler pleasure, namely, that of seeing a man so much afflicted restored to health; one whose influence among the inhabitants of the town was so great that a large number witnessed the failing of his health as well as his restoration, and were interested parties in his welfare.

This observation is conclusively in favor of the Therapeia, called Homœopathic, which had been resorted to when the common medicines for long years employed had been found altogether unavailing. For no one can attribute this cure to faith, the patient having exhausted the usual medicines previous to the advent of a new one. Demonstrations of this kind would be numerous if we were permitted to introduce them in the hospitals, but the fears of the old school of medicine, condemned by facts and experience, induce the schools and academies to deny systematically and deliberately to all scientific liberty its onward march towards truth.—*L'Art. Medical.*

Dr. LA BRUNNE.

A LETTER TO THE EDITOR.

MR. EDITOR:—Although Adam was undoubtedly brought into the world a full-fledged man, with probably a beard; and we are told,—but cannot vouch for the truth of the telling,—how Pallas Athenæ, in consequence of a *splitting* headache of her parent Jove, leaped from his brain a full-fledged woman, with all the virtues and witcheries of her sex about her; it does not appear to have been accorded to mankind in general to escape the probationary periods of mewling and puking, etc., before arriving at that glorious epoch of self-satisfying existence, styled man's estate.

Pitt was once accused of being a young man, and could neither palliate nor deny—possibly, he could not help—it. Others have been told they were young, and doubtless they have felt as did the great Commoner. It seems to me to be a pity, Mr. Editor, that we, of the medical profession, cannot be born big and with a mouth full of teeth, that we might the sooner take our places in the ranks of wisdom, tinctured with experience that age assumes for itself, and thus escape the opprobrium of being—very nice men, it is true—but so very young. Alas, however, we must first learn to distinguish Aconite from Ipecac., to say nothing of black beans from white ones, before we can be permitted to use them; and it is not well defined how long this period of medical juvenility continues, as no authentic data are to be had.

While treating us to learned dissertations on cholera, recently, our public newspapers, whose editors, of course, know all about it, have decided that young doctors are, speaking figuratively, unable to distinguish between that disease and Galen's head. Again, a learned professor, for whose abilities, experience and enthusiasm we have the utmost feeling of appreciation and respect, goes a little out of his way to tell young doctors they must hold no opinions, or, at least, not express them, when we know he could tell us, if he would, that he was once young, and had then very decided opinions—was, in fact, as opinionated as Mr. Trottle. You, also, Mr. Editor, though your brow be not wrinkled with age or care, and though your locks are not tinged by the hand of time, and, as we well knew, the fire of youth still burns brightly within, you think young doctors are very young, and kindly

suggest that the older members of the profession, by associating with them, will not soil the hems of their garments.

Who gives a young doctor his diploma? Older ones, and therein declare him to be, "in arte medicina et in scientiis inservientibus bene eruditum esse præbuit," posted up in medicinal arts and in all sorts of things necessary to the practice of medicine. Surely, then, young doctors must know something, when wise old doctors declare that they do. Mr. Skimpkin was a young man, scarcely forty, and yet he was thought worthy to open the case for the learned Sergeant Buzfuz.

Your correspondent is not such a very young man, and already counts his professional years in two figures, and yet he feels called upon to assert that young doctors and young men of other kinds are worth something, if only to make old ones of. The Admirable Crichton never was an old man, nor was Chatterton, or Kane, or fifty others whose names are plainly printed upon the pages of history, as excelling in science, arts or philosophy.

Let the elders teach us—for we are willing to learn of them—from the rich storehouse of their experience; and if we think sometimes for ourselves, and advance our opinions, let them feel that we have due deference and regard for them, and that it is our young blood drives us onwards, seeking to attain at a single bound what can be realized only after patient toil and weary footsteps, many disappointments, and an ardent and unflinching determination to know the truth. Let them no longer speak of us as too young to know, but make plain the paths in which they trod. Let them be to us the Champollion of Homœopathic science, deciphering for us the mysteries, and leading us behind the veil into the temple.

"ARS LONGA."

ERRATUM.

In the article upon the *modus operandi* of drugs in our last issue, page 68, sixth line from the bottom, read, "*Alumina* is a still more marked remedy in this respect," etc., instead of the following, as there printed: "*Carbo vegetabilis* is a very marked remedy in this respect," etc.

CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

The first Annual Meeting of the Central New York Homœopathic Medical Society was held at the office of Dr. S. Seward, in the city of Syracuse, June 26, 1866, Lyman Clary, M. D., President, in the chair.

Minutes of the last meeting were read and approved.

Present: From Broome county, Dr. S. L. Brown; Cayuga county, Drs. C. W. Boyce, A. J. Brewster, H. B. Fellows, W. M. Gwynn, Geo. H. Parsell; Cortland county, Dr. H. C. Hubbard; Oneida county, Drs. Harrison Willis, M. M. Gardner; Onondaga county, Drs. L. Clary, R. E. Belding, Wm. A. Hawley, Wm. Henry Hoyt, H. V. Miller, S. Seward, J. W. Sheldon, S. J. Warner; Ontario county, J. B. Voak; Oswego county, Drs. E. A. Potter, T. Dwight Stow, David J. Chaffee; Wayne county, Drs. M. F. F. Sweeting, E. R. Heath; also Dr. H. M. Paine, of Albany, and Dr. S. S. Guy, of Brooklyn.

The Committee appointed to prepare a Constitution and By-Laws rendered their report. On motion, it was received article by article, adopted, and the Committee discharged.

On motion, the counties of Chenango and Yates were added to the number first named; so that now the Society is composed of physicians from the following counties:

Broome, Cayuga, Chenango, Cortland, Jefferson, Madison, Oneida, Onondaga, Ontario, Oswego, Seneca, Wayne, Yates.

Section 1st of the By-Laws reads as follows:

"This Society shall hold at least four sessions in each year, at the city of Syracuse; the Annual Meeting being held on the *second Thursday of June*, and the Quarterly Meetings on the *second Thursday of September, December and March*, at 10 o'clock, A. M.

"Section 6. Any graduate or licentiate in medicine, and a member of his county medical society where such exists, in good standing in the profession, may become a member of this Society in compliance with Section 5 of these By-Laws."

Part of Section 7th.—"Each member shall be required to read an article or report in writing, a case at least once a year."

AFTERNOON SESSION.

Meeting called to order at 2 P. M.

Dr. Boyce offered the following resolution:

Resolved, That a Committee of three be selected from the Society to act as a Publishing Committee, whose business shall be to select from the papers now before the Society such as are valuable for reference in the treatment of disease, and have them published in one or more of the Homœopathic journals.

It being the Annual Meeting, the officers were chosen as follows:

President—Dr. Lyman Clary, of Syracuse.

Vice-President—Dr. E. A. Potter, of Oswego City.

Secretary—Dr. E. R. Heath, of Palmyra.

A communication was read from Prof. Ad. Lippe, of Philadelphia; subject, Typhoid Hemorrhages.

A letter from Dr. I. S. P. Lord, of Chicago, was read, after which the following resolution was passed:

Resolved, That the Secretary be instructed to correspond with Dr. Lord, inviting him to write out an article on the subject of Typhoid Hemor-

rhages, as exhaustive as is expedient, at his earliest convenience, for the use of the Society.

Dr. D. T. Stow rendered a report on Special Pathology, embracing, 1st, Cephalalgia and Diarrhoeas; 2d, Ovaritis; 3d, Diphtheria and Angina Faucium.

Dr. Boyce read an article on Glonoine.

Dr. S. L. Brown read an article entitled, "A case illustrating the necessity of observing Hygienic Laws in curing Chronic Diseases."

A lively and useful discussion followed on the subject of exclusive vegetable and animal diet.

Articles will be read at the next meeting by Dr. S. L. Brown in favor of strict vegetable diet; and by Dr. Wm. A. Hawley and others, in favor of a strict animal diet, and a union of both, or a vegeto-animal diet.

The laws of the Society were set aside for a short time, granting the privilege of reporting cases verbally, whereupon the following cases were reported: A case of Diarrhoea treated with Aloes, by Dr. E. A. Potter; also, one treated with *Refana Sativa*, by Dr. Voak.

A case of Hæmorrhoids, with recto-vaginal fistula, treated by Nitric acid, by Dr. Sheldon.

Dr. Sweeting reported a case of Rheumatic Neuralgia, and requested the advice of those present, and, on motion, each physician was requested to write on a slip of paper the remedy he thought to be the best for the case, these slips to be collected and read by the President; and as each remedy was read, the writer was requested to give his reasons for such a prescription, and when all the papers were read they were handed to the Doctor for his benefit.

Dr. S. also brought before the Society a patient afflicted with synovitis of the knee-joint.

Much valuable time was wasted in discussing subjects outside of the jurisdiction of the Society, which will be carefully guarded against on all future occasions.

There being no provisions made in the Constitution or By-Laws for the election of Honorary Members, on motion, Section 6 of By-Laws was so amended. Upon which, the name of Dr. A. R. Morgan was submitted, and he was duly chosen an Honorary Member.

Dr. S. S. Guy presented the following resolution, which was carried:

Resolved, That we cordially approve of the organization of Life Insurance Companies, which make a distinction, in the rate of premiums, in favor of the followers of Homœopathy, and cheerfully recommend such as are at present organized as well calculated to promote the best interests of Homœopathic School; therefore

Resolved, That we hereby pledge to those Companies our united and cordial support.

The meeting then adjourned to meet in the city of Syracuse, on the second Thursday of September, 1866, at 10 A. M.

HOMŒOPATHIC MEDICAL SOCIETY OF
PHILADELPHIA.

The June meeting of the Society was well attended, the President, Dr. Richard Gardiner, occupying the chair. The minutes of the last meeting were read and approved.

The delegates to the State Medical Convention and American Institute of Homœopathy submitted their report, which was accepted and ordered to be filed.

The Committee on Cholera reported through their chairman, Dr. B. W. James, submitting that it was inexpedient at this time to take action according to their instructions, but that if a proper time should arrive active measures would be proceeded with. Report accepted.

Drs. N. B. Davis and C. S. Middleton were proposed for membership by Dr. McClatchey; and Dr. Benjamin Barr by Dr. Samuel Brown. The by-law relating to the election of members was suspended for the evening, and the above-named gentlemen were elected members of the Society.

The discussion of the proper treatment of tumors was then postponed, in order that the subject of cholera might be considered, except that Professor Guernsey was permitted to read a paper on that subject, as he particularly desired to do so.

The paper of Dr. Guernsey, on the treatment of Infantile Hernia, has been printed in a previous number of this Journal. His remarks were received with applause.

Cholera was then discussed. Dr. Jeanes made the opening remarks. He spoke of the several epidemics he had witnessed, and related a number of cases simulating cholera he had had recently, which had yielded to *Nat. mur.*

Dr. D. James related a case of cholera morbus, in which the symptoms were nearly identical with those of Asiatic cholera, and which had yielded to the remedies indicated in the latter disease.

Dr. Lippe thought it was well to study cholera symptomatically, that a true remedy may be obtained. He thought the provings of *Sulphur* contained the symptoms of cholera in all its stages. In his experience, stool after drinking indicates *Croton*. Stool coming away in gushes, *Jatropha curcas*.

Dr. Williamson spoke of the diseases preceding and succeeding epidemics of cholera. In the past six months he had had a number of cases of rushing diarrhœa and cholera morbus, with cramps generally commencing in the feet and extending upwards. In watery, painless diarrhœa, about the time of rising, with flatulence, borborygmus and nauseous, disgusting eructations, *Sulphur* is the remedy. In watery, liquid diarrhœa, the pain relieved by stool, *Arsenicum*. Copious diarrhœa, with pinching, colicky pain and sensation of heat, *Croton tiglium*. *Veratrum* for copious discharges, with cramps, coldness, acidity with belching, and appearance of nervous symptoms as if the brain were involved. The doctor regarded *Arsenicum* as an essential in the treatment of cholera.

Dr. Morgan had used *Capsicum* in congestive fevers with choleraic manifestations, with burning in pharynx and œsophagus, cold clammy surface, livid appearance and weak pulse. Dr. M. also presented a pathological specimen, being a malformation of the stomach and duodenum, there being no communication between them.

The Society then adjourned to meet on the third Thursday in July.

JULY 19th, 1866.

The Society met pursuant to adjournment, the President being in the chair.

The following resolution was offered by *Dr. B. W. James*, and was unanimously adopted :

Resolved, That the members of this Society, and all Homœopathic physicians of Philadelphia, be and are hereby earnestly requested to report their cases of cholera, with results, to the Secretary of this Society.

The Secretary read an extract from the "*Erie Daily Despatch*," announcing the formation of the "Northwestern Homœopathic Medical Society of Pennsylvania;" also the successful treatment of Bronchocele by the application of *Biniodide of Mercury*, as related by *Dr. Douglass* of Milwaukee, and *Professor Helmuth* of St. Louis, at the meeting of the American Institute.

Dr. J. Emerson Kent then read an interesting account of what he believed to be a case of true cholera, successfully treated with *Veratrum*, *Sulphur* and *Camphor*.

Dr. B. W. James wished to know what were the points of diagnosis between sporadic and Asiatic cholera. *Dr. Koch*, in reply, stated that he believed that between the worst cases of sporadic cholera and cholera Asiatica, there existed no distinguishing marks.

The discussion of cholera was then proceeded with, and was taken part in by *Drs. Jeanes, Lippe, Koch, James* and others, but no new points were elicited.

The Society at ten o'clock adjourned, to meet at the call of the Secretary.

ROBT. J. McCLATCHEY,
Secretary.

THE CENTRAL HOMŒOPATHIC ASSOCIATION OF MAINE.

Pursuant to a call issued by the physicians of Augusta, to the physicians of Bath, Lewiston, Richmond, Gardiner, Winthrop, Waterville, Vassalboro' and Liberty, a meeting was held at Augusta, August 22d, and a society formed with the above title, by the choice of the following officers :

President.—*W. E. Payne*, M. D., Bath.

Vice-Presidents.—*H. C. Bradford*, M. D., Lewiston; *N. G. H. Pulsifer*, M. D., Waterville.

Secretary.—*J. B. Bell*, M. D., Augusta.

The meeting was harmonious and even enthusiastic. Good accounts were given of the progress of Homeopathy in the towns represented, and a cordial purpose expressed to make this a living society, and to make much sacrifice to secure a good attendance on the meetings.

It is hoped our brethren of the East and West may form an Eastern and Western Association, and that together we may form a strong State Society, which we have long needed.

The next meeting will be holden at Bath, September 20th, at the office of *Dr. Payne*.

The following gentlemen were appointed to report at the next meeting upon the designated subjects :

W. L. Thompson, M. D., Augusta, *Typhoid Fever*.

W. E. Payne, M. D., Bath, *Alternation of Remedies*.

J. B. Bell, M. D., Augusta, *Potencies*.

THE
HAHNEMANNIAN MONTHLY.

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INTRODUCTORY ADDRESS,

Delivered at the opening of the Nineteenth Annual Session of the
Homœopathic Medical College of Pennsylvania,

BY GEO. F. FOOTE, M. D.

LADIES AND GENTLEMEN, AND GENTLEMEN OF THE MEDICAL CLASS:—Through the dispensation of a kind Providence we are permitted the assembling of ourselves together to offer our introductory to another course of lectures upon the healing art.

We come before you, reverently acknowledging the supremacy of Him who guides all for the best, and in the consciousness that we are laboring in a cause worthy the noblest aspirations of man.

We are entering upon the nineteenth annual course of lectures given by the Homœopathic Medical College of Pennsylvania.

This is now the oldest institution of the kind in the world where the law of similars, as the guide of faith in practice, is taught. Since its organization, in the fall of 1848, it has graduated many students and sent them forth as pioneers in this great medical reform; the most of whom

have been successful laborers in the good work, and many have become distinguished as luminaries in the profession.

We claim that a vast amount of good has been already done—untold amounts of suffering have been relieved, and many lives prolonged through the instrumentality of this school. It has had its financial troubles, it has met and put down the finger of scorn and ridicule, it has received and overcome formidable opposition, and it now stands firmly based upon an immovable foundation. Its board of managers and faculty are united in a full determination that truth alone from the fountain source of all good, vouchsafed to us through the illustrious Hahnemann, shall be taught in its halls.

Homœopathic medicine is a scientific fact, confirmed with the experience of years by honest, earnest and intelligent minds; a positive and absolute truth, established beyond a peradventure or a possibility of doubt; so thoroughly anchored within the archives of experimental knowledge that all the powers of darkness cannot prevail against it.

Among its votaries we find the most intellectual among all professions, arts and trades, men and women, with opinions based upon facts developed through the experience of many years by the closest observation; opinions that cannot be gainsaid or resisted.

From small beginnings, less than a century ago, it has risen amidst a tempest and storm of opposition, against unjust laws and the strongest prejudices from high places, until now it commands the respect of potentates and powers, and has become indispensable to the well-being of countless thousands in all parts of the world. Truth must and does prevail!

The science of Homœopathic medicine was a dispensation to mankind direct from Providence in the order of His divine goodness,—a revelation to man for his particular good, and to serve an important use in the work and process of his regeneration.

And we are particularly indebted to the untiring zeal of

Hahnemann, who, guided by an honest desire for light, wrought out and developed that great truth which is our guide of faith in medicine. Samuel Hahnemann was born, A. D. 1755, in Meisan, Saxony, and was made a doctor of medicine, with all its honors, at the age of twenty-four.

Having entered upon the duties of his profession, he labored with commendable zeal to heal the sick and make medicine a blessing to mankind. Failing in this, not from the want of a scientific knowledge of the prevailing practice, not from the want of industry or perseverance, but from the entire incompetency of the whole system of medical science as taught in the schools of his day, he left the practice, after attaining some eminence, disheartened at his want of success, and sought his daily bread through other, literary and learned employments. Still impressed with the importance of his mission, he continued his researches in the fields of ancient as well as of modern medical literature, until the mantle of truth fell upon him and the light of wisdom shone over him and through him for the healing of the nations.

While translating a work on *Materia Medica*, he was forcibly impressed with the different explanations given in regard to the curative effects of the Peruvian bark, the famous remedy for curing intermittent fevers; and, in order to find out the truth, he experimented upon his own person, by taking the drug in moderate quantities, and from its effects was astonished to find all the symptoms developed upon himself that he had been suffering from when subject to the intermittent fever years before this, when living in Transylvania, and returning repeatedly, if he repeated the dose. Suddenly the scales were lifted from his eyes, and the truth burst upon his receptive mind, as to the care-worn mariner a beacon light flashes up out of the surrounding darkness.

Here was the gem he had long sought and prayed for. Here was the key-note upon which was to be written the song of deliverance, the redemption of mankind, from a system of medicine based on error, and terrible in its con-

sequences. In this truth he beheld the great and certain law of "*SIMILIA SIMILIBUS CURANTUR*," the observance of which was to revolutionize the whole medical world and change its entire mode of practice.

After confirming the truth of his discovery by the results of numerous trials upon himself, his family and his friends, he gave publicity thereto, that the world might be benefited by it.

Filled with a noble desire to elevate the practice, he hastened, with hopeful anticipations, to impart his newly acquired knowledge to his brethren in the profession. But, instead of their sympathy and aid, he met with a cold rebuff and ultimate persecution. Scorn and derision were heaped upon him, and his opportunities for usefulness abridged in every possible way that envy, hatred and malice could suggest.

But the consciousness of truth sustained him, and while he was persevering in the right, and his enemies in the wrong, he was doing what they could not do,—he was healing the sick and confirming the truth of his discoveries. In the mean time, the more intelligent and honest seekers after light were receiving his doctrines with joy and gladness.

With a few choice friends and ardent admirers, and with a small class of students, he diligently applied himself to learn the morbid, *i. e.* pathogenetic, effect of medicaments upon the healthy. This was an immense labor, in pursuit of which he sacrificed his own health to test medicines for the benefit of the sick.

But with indefatigable zeal he made several hundred provings, until he had created a *Materia Medica*, valuable beyond all precedent in available facts that were to guide him, and which now guide us, in administering to the sick.

He departed this life in 1844, being 89 years old, fully ripe, a great and good man, leaving behind him a legacy, the value of which can never be estimated, and one that is daily growing in magnitude and worth, a blessing to us and

to the whole civilized world, a blessing for which we will ever be thankful.

Healing the sick is a commendable calling; a profession that stirs within us all the noble qualities of our human nature. A good physician is a good man; a Samaritan filled with the love of good uses, who binds up the wounds of the bleeding and suffering, and pours on the oil and wine to soothe the afflictions of his fellow-beings. He has an understanding full of genuine truths, and a heart overflowing with the kindest impulses.

Gentlemen of the medical class, you are about to engage in the study of this most ancient and honorable profession. Ancient in having its beginning many centuries ago, when its simplicities corresponded with the more primitive states of society. Honorable in the fact that it has ever proposed for its noble aims the alleviation of human suffering. From its simple and crude beginnings to its present scientific attainments, through many centuries, its incentive to action has ever been the good of mankind, the amelioration of the moral and physical ills that flesh is heir to.

Can there be any thing more honorable or more ennobling? Having been handed down to us through many successive generations of people, each contributing its quota of science as best seen from their stand-point, it has passed through many changes and received its contributions of good and evil, with a commingling of many absurdities and errors; and while never above criticism, it has ever striven to attain the excellence of perfection as an end, while treating the ailments of suffering humanity.

You find it, gentlemen, in its present state of excellence, rich in past and present experience, adequate, when properly represented, to meet the emergencies and subdue many, very many, of the ills mankind are subject to. With its vast fields of literature, full to the overflowing with contributions of modern lore, combining nearly all the collateral sciences, it offers you a rich harvest for mental food—a harvest already whitened for the sickle.

You have entered upon the study of this profession, the honest and truthful representation of which commands your earnest and sincere attention, as essential to the well-being of society. As its exponents you are to hold a high and responsible position in life; you are to have in your hands the moral and physical conditions of the people; the health, the happiness, and even the lives of those held most dear, are to be entrusted to your care. In view of which, how important to yourselves, to them, and to the world, that you be properly instructed in the healing art; that you become learned and skilful as physicians; that you understand medicine in all its departments, the use of remedies, and appliances suited to the prevention and cure of diseases, and the alleviation of human suffering; that you possess within your souls that highest of moral excellence, the love of use, with charity and Christian forbearance.

The human family, in all its changes, all its grades and conditions, in all its relations and positions, high and low, rich and poor, are to become the subjects of your meditation, the recipients of your attention and supervision. The study of man in all his relations, physically, mentally, and morally; his organic formation, his intellectual powers, his adaptation to social relations, his religious capacities, his uses and ends in life, and the inscrutable laws governing the relation of mind and matter, are all to be within the province of your daily avocations.

And I charge you, gentlemen, for the sake of all the affections and ties that go to make the family relation most dear and sacred, for the sake of all social obligations that bind man to man in a bond of sympathetic union, and in the name of suffering humanity, and as you shall expect to render an account of your stewardship, that each and all of you enter upon this great work with a zeal commensurate with its responsibility; that with due perseverance and an honest desire for truth you drink deep at the fountain of knowledge, as a thirsty soul quaffs the truths of eternal life; that you search deep for that wisdom, the possession of which both

fits you and commends you to that sphere of usefulness to which you are now aspiring; leaving no stone unturned that shall help to cultivate your proper understanding and endow you with the full elements of success. Then, with the divine aid, you will become true physicians, and carry with you a blessing to the needy, the sick, and the afflicted.

Ladies and gentlemen, at the present day the relation of surgery to medicine commands the earnest attention of all who would properly qualify themselves to act as physicians. This is a science that has sometimes been too much neglected by Homœopathists. Hence Allopathy has been enabled to lay especial claim to it, and has succeeded in retaining the high places in government patronage, and excluding all others from a proper representation in the armies and hospitals of the United States.

Surgery, says my worthy colleague in the chair of Physiology, "surgery is a high and noble art, which, in its successful prosecution, calls into active exercise the highest physical, mental and moral qualities. A noble art,—which, in the hands of its great masters, has all but achieved impossibilities in surmounting physical obstructions to life and comfort."

Though now a twin-sister to medicine, we cannot claim for surgery the same antiquity or the same time-honored calling. Successful surgery is almost of modern origin. Though in olden times a kind of surgery did exist, and, in the light of the original signification of the word, viz., *manual procedure*, it was looked upon as a sort of handicraft or mechanical operation, in which one might show much cleverness in the skilful handling of his knife, but, on the whole, quite beneath the dignity of the physician, enshrouded as he was in mystic lore and the occult sciences of the darker ages. Most ancient Egypt and Greece leave us no record that surgery was ever taught or practiced with them. Hippocrates, who flourished some four hundred years before the birth of our Saviour, supposed to be the eighteenth lineal descendant of Æsculapius, who was born of the gods, gives us the first

written account we have of any thing pertaining to surgery. Here recommends trepanning in cases of violent headache, advocates the use of the cautery and cupping, and describes various instruments, bandages, &c.; and he also recommends "that surgery be performed by particular persons, who might thereby acquire more expertness." As dissections of the human body were not allowed in his age of the world, his knowledge of anatomy was necessarily most limited, consequently surgery could make but small progress. Four hundred years now elapsed, and we have the writings of Celsus, who was a man of great learning, but whether he practiced either medicine or surgery is not known. But he wrote quite extensively in regard to both, and seems to have had access to much valuable knowledge in regard to the latter. Diocles, and afterwards Erasistratus, in company with Hierophilus, made the first examinations of the human body. The Ptolomies allowed them to examine malefactors, upon whom they made important discoveries, and, from the account of Celsus, it was reported they made vivisections upon the same criminals, in order to observe the internal motion of the living body. The works of Erasistratus, which were numerous, are lost, and we know but little of these men, except through other writers.

The writings of Galen, who flourished at Rome under the Emperor Marcus Aurelius, in the second century, treat of surgery, with commentaries upon the writings of Hippocrates. He lived in the age of the Alexandrian school, during which the study of anatomy and surgery received considerable attention. But after this, with the fall of the Roman empire, surgery seems to have been almost wholly neglected for the space of about 1400 years. What remained of it was mostly in the hands of the Arabian physicians, who neglected anatomy and physiology, but made free use of the cautery iron and hot pitch, as their only means of stopping hemorrhages from divided arteries.

During this time, in Christian Europe the healing art was in the hands of the clergy, and sank so low that the surgical

knowledge attained to by the Greeks was by them wholly ignored, and of course any operations of a capital nature were not to be met with. Indeed, such was the state of the art with them, that two different edicts were issued by the Pope, forbidding any priest, under a penalty of excommunication, from performing any bloody operations.

It was during this time that the barbers of the priests were employed to perform the minor operations in surgery, and for many years they were the operative surgeons, the only masters and governors of the said mystery—the Barber Chirurgeons of olden times. There were also travelling “stone-cutters,” eye-operators and “teeth-breakers.”

Hohenheim, known and slandered under the name of Paracelsus—born 1493, killed 1541—taught as professor of medicine in Basel. He claimed that surgery and medicine were one and the same inseparably, and, in connection with midwifery, ought to be taught and practiced together. Nature healed wounds and fractures, not balsams and plasters, etc., etc. He was the first who introduced chemical drugs in preference to herbs and roots; he laid the foundation to the physiology of our days and the doctrine of Zymoses, &c., &c.; the first who insisted that teachers of medicine ought to use their own native language, not Latin. He was persecuted, driven from place to place, killed by his colleagues in Salzburg, and slandered up to this day, his writings not being edited by admirers, but by fools have been perverted and corrupted most shockingly.

In 1542 dissections were encouraged by an act of Parliament, directing that these same masters and governors of the said mystery should have, at their free will and pleasure, the bodies of four felons, to make incisions on the same for their further and better knowledge, instruction, insight, learning and experience in the said science and faculty of surgery.

In 1566 the company of barbers and surgeons held at their hall, at stated periods, public demonstrations and

dissections, conducted by two masters and two stewards of the Anatomies.

In 1645 Sir Edward Arris, an alderman of London, and master of the company of barbers and surgeons, founded six anatomical lectures, to be publicly read every year, between Michaelmas and Christmas, and endowed them with three hundred pounds sterling. This finally merged into and was the beginning of the famous College of Surgeons.

In 1698 Mr. John Gale followed the good example of Arris, and made another endowment to the same end of four hundred and thirty-two pounds.

In 1743, in Paris, the Academy of Surgery had its beginning, and in the opening address by Moran, the Secretary, he mentions incidentally, that the royal declaration founding the Academy, required that the surgeons should be masters of arts before admission into this community; and that then they should pursue surgery without mixing any mechanics; leaving us to infer that the barbers were to pursue a separate vocation.

About this time William Hunter commenced the teaching of anatomy and surgery to a society of navy surgeons in London, in which he acquired much reputation. In 1748 he relinquished surgery, and devoted himself to obstetrics, in which he greatly excelled. But his brother, John Hunter, ten years his junior, soon succeeded him as a surgeon, pursuing the study of the human body with unabated ardor, and extending his researches into comparative anatomy, by dissections of the inferior animals. Rapidly John Hunter arose to an eminent position as a surgeon. Making many valuable contributions, he helped to elevate surgery to a more dignified profession; adding to his stock of knowledge a valuable anatomical museum, collected and prepared under his own especial supervision, during a most active and laborious life. This collection was afterwards purchased by government for fifteen thousand pounds sterling, and presented to the College of Surgeons.

John Hunter was the father of modern surgery in England, and his works are quoted and referred to by nearly every writer on surgery of the present day.

From the days of Hunter surgery became an honored profession in England. Grounded upon the progress of anatomy and physiology, it has steadily advanced to its present elevation, commanding the respect and attention of the whole learned world,—affording a pleasing contrast to what it was when in the hands of men unqualified by scientific research, men ignorant of anatomical, physiological, or therapeutical knowledge; when a man that could clip the hair or shave the beard with tonsillarian skill, was considered competent to insert the lancet, incise a tumor, and amputate a limb. Sad work was often made with the poor, unfortunate patient. With no anæsthetics or means of assuaging pain, he was a victim to tortures unheard of in modern surgery. Hot pitch, melted lead, and the actual cautery, were used to staunch the flow of blood after an operation, down to almost a recent date. The ligation of arteries belongs to modern surgery.

For a long time the surgeon was subordinate to the physician; to do his bidding, with no voice in the management of the patient before or after an operation. And in no way was he responsible for the results. With but little to stimulate his ambition or give dignity to his position, he was only a mechanical operator, an inferior.

Subsequently, when the study of anatomy became a part of the physician's education, his acquirements taught him that he alone was the one competent to delve among the vital organs and living tissues of the human body; that he alone should thrust in the knife where death surrounded it at every point, where knowledge was success, and ignorance was criminal cruelty.

The deeper researches of modern science, together with the artistic attainments arising from a thorough knowledge of anatomy, have so elevated surgery, that it now justly holds a high rank among the professions; and its present successes

contribute not a little to form some of the brightest pages in medical science; and yet it has never reached that degree of perfection which we ought to hope for and expect, and never can until it is thoroughly blended with the rational system of Homœopathic medicine, as taught in all its purity by Hahnemann. Never can, so long as the Allopathists have, hold and practice it as an exclusive speciality, emanating from their school alone. Homœopathy, when properly blended with surgery, must elevate it many degrees above what can be hoped for it under the less rational system of Allopathy.

The science of medicine and surgery keeps pace with the world's progress. In olden times, when the habits of man were more simple, when he vegetated and grew into his full stature like the inferior animals, pursuing a life calculated to develop his physical rather than his mental nature, the calls for medical and surgical aid were comparatively few.

The Greeks and Romans had their gymnasiums for developing physical strength and for cultivating their powers of endurance. Under such training they had little use for the physician. And, as in commerce trades regulate themselves by making the supply equal to the demand, so, in physic their needs were few and their medical attainments correspondingly meagre.

But the world is ever changing, and with the march of civilization new diseases develop themselves in every conceivable variety and form, until their names are legion, and the hydra-headed monster stares out upon us from every point of vision, ever calling for a corresponding development in medical science. The world is ever progressing; great and rapid changes are the order of the day. The arts and sciences are developing daily something new to astonish us. To-day we are in advance of yesterday; to-morrow we shall know more than to-day. There is no stand still; onward, onward is inscribed on every banner, and progress is the watchword passed from mouth to mouth.

Medicine and surgery have advanced with other develop-

ments, and their changes are quite as astonishing as those of the other sciences. No modern physician of any school would commend the prescriptions of a century ago. Indeed, we need but go back some twenty years to find that the lancet and calomel were the sheet-anchor of the prevailing practice. The lancet and bowl formed the beginning of nearly every treatment in acute diseases,—a practice now wholly discarded by the disciples of every school.

Again, specialities are the order of the day, and much in vogue with and belong to the province of Allopathy. With them we find the oculist, the aurist, the pulmonist, and the chiropedist. One makes diseases peculiar to the skin the subject of his special study and treatment; another dives into the mysteries connected with the abuses of the organs of generation; while still another devotes himself almost exclusively to operative surgery.

But as *Homœopaths* we can make no such distinctions. With the *Allopathist* all experiments in the administration of medicine, with a view to obtain their curative properties, are made upon the sick. If the eye, ear, lung or other organ be ill, it is treated as a speciality by a prescription, which originates in an arbitrary suggestion of the mind, without any governing principle or data to reason from, or guide to go by. If an improvement follow, it is noted as a cure—recorded as a fact—and the same medicine is recommended when the same organ is similarly affected in another person.

But here arises a dilemma. Has the medicine made a cure, or has it retarded its progress? Were the symptoms observed, the ordinary development of the disease, or were they really the pathogenesis of the medicine taken? And then again, did not the recuperative powers of the patient, the "*vis medicatrix naturæ*," enable him to resist both the disease and the medicine? And what seemed to be a cure, was it not rather an escape from unscientific hands than otherwise? And now behold the contrast. The true *Homœopathic* physician, in order to ascertain the curative

effect of a drug, under the law of "*similia similibus curantur*," makes his experiments upon the healthy, and not upon the sick; carefully noting its effects upon *all* the organs and tissues of the entire body, both local and general in detail, from the time it is given until its force is entirely expended, thereby obtaining groups of symptoms, that stand prominently forth as guides for the administration of the same remedy to the sick, suffering from any of the varieties or forms of disease the symptoms of which are similar to those developed by the medicine.

Here, then, is the law of action; a governing principle, confirmed by unerring facts, to regulate the choice of the remedy. This is a positive knowledge, independent of any thing hypothetical, and independent of all theoretical diagnosis. And as the medicine operates generally as well as specially, the physician is guided by the totality of the symptoms of the disease, treating it accordingly with remedies that produce affections similar in all their details. Hence we cannot make a speciality of any organ, to the neglect of the remainder of the system. So it is in surgery. Local disturbances are ever accompanied by general affections, and these affections, under Homœopathy, can be met and cured, *ceteris paribus*, by corresponding medicaments. And, ladies and gentlemen, they cannot be successfully cured in any other way by medicines.

From this it will be seen there must be no specialities in the practice of Homœopathic medicine. Diseases of the eye, the ear, the lung, a tumor, a cancer, a white swelling, or any of the local developments, are but the local expressions of some general affection involving more or less the general organism; and, to insure a successful cure, the physician must prescribe for the symptoms, and all the symptoms, and not for a single organ, still less for the name of the disease.

Operative surgery is a high art, and is successful only in the hands of those who familiarize themselves with the details of anatomy and physiology. But more than this is required. The first principles in surgical therapeutics em-

brace a knowledge of the nature and treatment of inflammation, including sympathy, irritation and congestion; and here we enter upon that broad field that makes surgery a noble science, commanding the respect of the erudite and profound scholar, a field none may enter who will not strive to fathom the deep waters that ever surround the immutable laws of nature and events.

Surgical injuries and surgical diseases commend themselves to our serious attention, and for their successful treatment call forth the highest artistic and scientific skill. None must enter upon this ground without a passport to public confidence, gained by diligent research, thorough investigation and long study in the fields of medical and surgical literature.

Surgery, without a knowledge of pathology or therapeutics, becomes a mere art or trade, and in the hands of a good anatomist may be used as a dextrous display of artistic heroism or mechanical skill. Unfortunately it has sometimes been so degraded, even in able hands, and a sort of mania for hazardous experiments has led to the use of the knife where there was but little prospect of benefiting the patient.

The highest excellence in surgery, however, consists in the successful treatment without the aid of the knife. A good prescriber may effect more surgical cures than he who handles his knife with great precision and anatomical skill.

To save a breast or a limb, and restore it to its natural use, is far more glorious than to sever its connection with the trunk in thirty seconds, with all the adroitness and skill pertaining to our best operators. And herein, ladies and gentlemen, consists the advantage of Homœopathic surgery. A fracture, though compound or comminuted, *ceteris paribus*, is not necessarily an indication for the knife, for the reason that traumatic fevers and their sequences are controlled by Homœopathic medicines with comparative ease. A tumor with a malignant diathesis, or a swelling with fluctuating matter beneath it, involving joints or vital organs,

does not necessarily indicate the knife, for the reason that Homœopathic medicines, judiciously given, often cure without it.

In many cases where poor barren Allopathy is so sadly at fault with her lotions and unguents, her blisters and cups, her leeches and lancets, and where her dernier resort is only in the knife, with sad prospects for the poor patient, Homœopathy comes in with her law of similia, exultingly conquers and cures by medicine alone, with no other aid than a healthy regimen, good air, and a cheerful nurse.

Let the knife be clean, bright, and sharp within its case; and there let it remain until stern necessity demands its use. When a solution of continuity will remove some foreign body too great for the recuperative powers to cope with, or give vent to some pent-up matter the absorbents cannot carry off, then let the knife be used.

The knife is a necessity, an important aid in the hands of the skilful surgeon. Great and lasting good often results from its appropriate use. And it is the province and pleasure of this school to impart all the necessary information for its most skilful and successful manipulation. Its use requires a sound judgment; a thorough anatomical and physiological knowledge; with self-possession; cool intrepidity and intensity of purpose; and a certain adaptation for emergencies, which is both inherent and acquired.

It is the determination of this school to teach operative surgery in all its details, from the manipulations necessary to reduce a simple dislocation, to the more complicated and capital operations, where a judicious use of the knife is the important feature. But it will ever be its more glorious aim and delight to teach how to make cures without the knife, the cautery, or other cruel procedure, that makes the surgeon a formidable dread. It should be the highest aim of the physician and surgeon to remove diseases with the least possible suffering to the patient, by means embracing the shortest time, and with the least possible danger.

And here again is shown the excellence of Homœopathic

surgery. To subdue an inflammation no drugs are administered that involve a complete exhaustion of the vital forces; to destroy the sensibility to pain, no opiates with a secondary effect, that involves an irritation of the whole nervous system without a curative reaction. Neither as a preparatory measure for an operation are stimulants given to create an artificial life, to be followed by a corresponding depression. The system is left entirely free from all medicinal poisons, and the recuperative powers have nothing to contend with, in addition to the disease, but the traumatic violence of the operation. To meet the secondary effects of this, Homœopathy is adequate to all the emergencies that medicines will reach, and the law of the similars is as much the sheet-anchor here as when administered for diseases not complicated with surgery. But we may safely promise to anticipate the knife by a timely cure, using medicine alone, with a percentage largely in excess of the fondest hopes of the Allopathic surgeon.

But, gentlemen of the medical class, while we propose to make surgery less formidable to the patient, while we hold out to him fond hopes of mitigated suffering, and try to smooth the pillow of his affliction, making his path comparatively easy, we do not propose to lessen the diligence on your part to acquire the necessary aptitude for all emergencies that may arise. While we withhold the knife in many cases, we will not withhold the knowledge of its use, *secundum artem*.

No, gentlemen, you must be masters of your profession. Skilled in all its operative details, adepts in the use of all its appliances, able to do or not to do, and able to decide what to do, and when to do. Then you shall stand erect with self-reliance, and with a conscious dignity that you are competent to any emergency. Then you may dare to thrust in the knife among the most vital organs to extract a bullet or ligate an artery, to stay life's flowing current; dare to remove a limb, reduce a dislocation, or dress a fracture; dare to inflict pain, if need be, to promote your patient's welfare; dare to abide the time for the curative effects of medicine; dare to do right.

MERCURIUS PROTO-JODATUS.

BY W. JAMES BLAKLEY, M. D.

This article, being a collection of cases cured by the Protoiodide of Mercury, was read before the American Institute of Homœopathy at its last meeting. As the proving of the drug was published in the *Hahnemannian Monthly*, I have thought it might be well to offer these cases to the same journal. I will add here, that since these cases were reported to the Institute, I have used the remedy many times, and, where it was prescribed in accordance with the symptoms observed during the proving, always with success. I would also like to mention one particular indication for its use, namely, where the *back part of the tongue is coated yellow while the front and edges are clean and red*. I have verified this indication in many cases, and even where the other symptoms did not correspond, I have been successful. I will offer no excuse for submitting these cases to the profession; they are not presented on account of anything remarkable being connected with them, but because they were cured by a remedy only recently proved, their symptoms being similar to the symptoms produced by it. Drug-provings offered to the profession can only be received upon trial, and will naturally be regarded with doubt until their merits and demerits have been ascertained by actual experience. The value of this corroborative testimony is well expressed by Dr. Richard Hughes, who, in an article in the *British Journal of Homœopathy*, says, that "The greatest satisfaction will be felt when, from both kinds of experience, pathogenetic and therapeutic, the same testimony arises: when one supplies the gaps of the other with facts which point to the same conclusion."

Case 1. Miss A. F., æt. 17. This was a case of tonsillitis; the symptoms were: stiffness of the jaws, with inability to open her mouth; altered voice, speaks as if she had pebbles

in her mouth; the *right* side of the throat and the *right* tonsil are swollen and inflamed; soreness in the right ear and over the right side of the head and face; soreness in the right ear extending into the throat; the soreness in the right ear and the swelling and inflammation of the right tonsil afterwards attacked the *left ear and left tonsil*; enlargement of the cervical glands; sensation as if a lump were in the right side of the throat; pain when swallowing; burning in the throat; *desire for sour things*; hawking as if mucus were in the throat; *tongue coated yellow at the back part, clean in front.* Mercurius prot.¹² A dose every four hours.

Case 2. A. B., æt. 26. Soreness, with heaviness, of all the limbs, with dull frontal headache, and soreness of the bones of the face; soreness, with lameness, of the hands and fingers; heaviness of the whole body, with soreness as if he had been beaten. Mercurius prot.⁶ One dose.

Case 3. B. P., æt. 35. Sore throat, to which he has been subject for many years, and which usually appears after he has exposed himself to a draught of air while perspiring; pain only in the right side of the throat; some difficulty in swallowing; pain in the right ear extending into the throat; soreness of the right side of the face; tonsils slightly swollen; pain in the right ear when swallowing. Mercurius prot.⁶ One prescription.

Case 4. Mrs. G., æt. 67. This patient had been suffering for a long time without obtaining any relief from the various remedies she had taken. When she applied to me she complained of severe cramp-like pains in both lower limbs, worse in the right limb and especially in the right thigh, affecting also the knees, feet, and toes. The pains come on *only when at rest*, and are *always relieved by active motion*; *passive motion increases the pains*; they appear every night while in bed, and in the daytime while lying down; the pains *never appear during motion.* Permanent relief was obtained by using Mercurius prot.¹² every four hours for four days.

Case 5. Crusta Lactea. Mary S., æt. 9 months. This was a very severe case. Sepia³⁰, Rhus rad.³⁰, and Sulph.³⁰ had

failed to give any relief. I was led to prescribe the protiodide on account of the *intolerable itching at night*. She took the 12th potency, a powder night and morning, for one week. The child immediately commenced to improve, the itching entirely ceased, and a perfect cure resulted in less than three weeks without any further medication.

Case 6. W. S., æt. 2 years. An obstinate case of scabies sicca, which several remedies had failed to relieve. The mother complained that she obtained no rest at night, the child being so restless from the constant itching. The 6th potency relieved the itching and removed the disease.

Since these cases were first reported I have used the remedy in other instances of severe itching, and always with success.

Case 7. Goitre. Miss M. H., æt. 17. The swelling was nearly as large as a hen's egg. The following symptoms were also present: rawness and soreness of the throat; cough, which she has had for about a year; difficulty of breathing, with suffocation at night; mucus in the throat, difficult to dislodge; cough arises from tickling in the larynx and from laughing; the cough is worse at night. Mercurius prot.¹² One powder every night for two weeks.

She returned in four days, complaining that her throat was worse, for which I gave her Mercurius prot.³, a powder every three hours, to still continue the 12th potency at night. In two weeks I saw her again; the swelling was very much diminished, the throat well and the cough better. I gave her Mercurius prot.¹² as before, and an ointment of Mercurius prot.¹ grs. x, Adipis oz., to be applied to the swelling. I have never seen her since and do not know the result; but, from the marked improvement during the first two weeks, I am convinced that a persistent use of the remedy for some time would have resulted in a cure.

Case 8. This case exhibits a clinical effect of the remedy which occurred during the proving, and which was, to me, at least, very interesting. During the past two years I had suffered from a soreness of the right side of the face, over

and around the right maxillary articulation, and which resulted from a partial dislocation of the inferior maxillary bone. At every motion of the jaw, especially during yawning and masticating, the right condyle would slip in and out with an audible snap, which was easily heard by persons sitting near. I believe it to result from a relaxed condition of the ligaments, and in this opinion I was joined by an Allopathic friend to whom I mentioned it. Another considered it to be a consequence of an ossific deposition in the glenoid fossa, by which the condyle was forced from its socket, thus causing a partial dislocation during motion. Whether the protiodide have the power of contracting relaxed ligaments or of removing ossific deposits, may be an interesting question; but it was particularly interesting to me to find this exceedingly disagreeable condition entirely removed during the proving, and the articulation restored to its normal condition.

Case 9. M. L., æt. 28. This patient complained of severe cutting, cramp-like pains in both hypochondria, much worse in the right, extending into the back; feeling of excessive weariness in the lower limbs, they scarcely support his body; the teeth feel elongated; moderate heat of the skin; the tongue is coated bright yellow at the back part, clean in front; much thirst, but entire want of appetite; the pains are not constant, but disappear and reappear at short intervals. Colo.¹ A dose every two hours.

The next day I found all the symptoms aggravated, and remembering the severe cutting pains I had experienced while proving the remedy, and taking into consideration the state of the tongue, I prescribed *Mercurius prot.*⁶, a dose every two hours. The first dose was taken at 4 P. M. The pains steadily increased after each dose until 3 A. M., when they suddenly ceased. He had a copious discharge of bright-red urine, and a stool in which a large quantity of bile was mixed. The next day he told me he had had a second stool, containing nearly a quart of pure bile. He was able on the second day to attend to his business. In the so-called

"bilious" cases, I have found this remedy extremely beneficial. In several cases of severe cramps with bilious vomiting, coldness of the skin, headache, debility, &c., I have promptly afforded relief by means of the protiodide. A brief consideration of the foregoing cases may not be altogether unprofitable. In the first and third we see verifications of conclusions arrived at during the proving, namely, that the remedy affects primarily the right and secondarily the left side, and also that its action is confined mainly to the right side. The second case presents that feeling of fatigue and absolute weariness which this remedy produced so remarkably during the proving. The sensation is as if one had undergone some terrible exertion; every portion of the body is thoroughly debilitated, and nothing is so much desired as rest. The present case illustrates the power of the remedy to remove this condition, and in cases where it seems to be characteristic, it will be found extremely beneficial.

The fourth case exhibits the speedy action of the remedy in removing the severe pains in the lower limbs, which were so constantly observed during the proving. It is also worthy of observation that several symptoms of this case were considered, from their frequent occurrence and positive nature during the proving, to be characteristic. These symptoms were, the appearance of the pains and their aggravation during rest; their aggravation during passive motion, and their constant disappearance during active motion. The fifth and sixth cases show the beneficial action of the remedy in intolerable and distressing itching. By referring to the pathogenesis it will be found that severe and persistent itching was one of the most prominent symptoms, and that it especially occurred and was more severe at night. From case 7, we do not perhaps learn very much, as I presume the remedy has already been often administered for goitre; still its action was very favorable, the accompanying symptoms were mitigated and removed, and the swelling itself considerably reduced. The clinical effect produced by the

protiodide during the proving (case 8), may perhaps be of some value to the profession. I have seen but one other case of the kind.

While treating case ninth, I considered it to be one of biliary derangement, but afterwards, when, besides the evidently "bilious" nature of the case, I reflected upon the locality of the pain, its cessation and recurrence at intervals, its severity, its increasing in violence until a certain hour, when it suddenly and permanently ceased, and that a large stool consisting mainly of biliary matters immediately followed this cessation, I was inclined to entertain the possibility of its having been a case of biliary calculi. And if it were, did the protiodide contribute towards their removal? Further experimentation will, perhaps, decide this question. In the present case I had not an opportunity of examining the stool.

THE AMERICAN HOMŒOPATHIC REVIEW.—We miss this much esteemed journal from our exchanges; and many of its subscribers report that they have looked and waited for the two concluding numbers of vol. vi.,—which began July, 1864,—with a patience now almost exhausted. The previous rather intermittent character of the Review, and the remarkably regular irregularity of its issue, have hitherto encouraged its friends to hope against hope, and to flatter themselves that it might *still live*. But a cessation of vital action, which continues during four months, would indicate a very *chronic*, if not an already fatal form of disease! In a moment of playful wrath, at Pittsburg, last June, our friend Smith threatened to stop the exchange: the joke we considered grim enough to be good; but had not the remotest apprehension that its author would carry it to the ghostly extent of discontinuing the publication *in toto*.

The profession will greatly regret the discontinuance of this truly valuable journal,—not from any want of pecuniary support. But, in common justice, we must beg the publisher to complete the volume, so that it can be bound up and preserved.

TRACHEOTOMY IN DISEASES OF THE LARYNX.

BY C. A. LEECH, M. D.

The dangerous character of the acute affections of the Larynx occurring in young children, by obstructing the function of respiration, and consequent due aeration of the blood, render a better comprehension of the means to ward off a fatal issue of the greatest value to the practical physician.

Of all diseases, those that require the most prompt and efficient measures for relief, are Croup and Diphtheria and their allies. In young children they are generally, from their insidious character and liability at first to be confounded with other affections, either neglected, or valuable time lost in the use of the trivial domestic remedies.

When first seen by the physician, threatening suffocation, from obstruction to ingress of air to the lungs, is often the only indication for treatment, or at least the one demanding the first attention.

When a patient, suffering from angina membranacea or Diphtheria, is seen before the disease has almost run its course, there can be no doubt that the law of "similia" offers the best means to choose a remedy to combat the imminent danger. But when we take into account the difficulties in the way of relief—the mechanical obstruction existing at the very portals of the most vital organs, as well as the dynamic derangement of the system, the action of therapeutic agents must be annulled or rendered less, and many precious lives lost which might be saved, but for the simple impossibility of removing what is practically a foreign body blocking up the entrance to larynx and trachea, and when the disease which originally produced the exudation of the offending membrane is or would be extinguished by medicines, if a few hours more of life remained for work.

The famous aphorism of Cullen, that we must endeavor to "obviate the tendency to death," admits of application as well in Homœopathic practice as in old medicine. Now, in Croup and Diphtheria, the "tendency" is death by strangulation, through occlusion of the rima glottidis by exudation of lymph or other matters, or more remotely by destruction of innervation, though deterioration of the blood, by defective aeration, act as secondary causes to still further depress the vital powers, and thus hasten a fatal issue.

By removing the most direct or immediate barrier to the resumption of the effort of Nature to throw off the disease, we should, it seems, often be acting in a common sense manner, to say the least.

It may be objected to this local interference that the local obstruction is not the disease. In Croup it is almost all of what demands the instant attention of the physician to relieve. While in Diphtheria, though the blood is involved in the diseased action, yet the medical treatment, in accordance with "*similia similibus*," in my experience, is equal to the cure of it, leaving the removal of the local obstruction to respiration as the most important indication to be fulfilled.

All opinions upon the expediency of opening the trachea in Croup and Diphtheria agree that the practice is a "*dernier resort*," and when the statistics of the operation are consulted, the few recoveries after the operation corroborate the wisdom of the condemnation set upon it.

Now, why is this? It is said that there is no certainty that the exudation of lymph has not extended below the available point of opening, even into the ramifications of the bronchia; or that the shock of the operation, and the formation of fresh surfaces upon which the "*pseudo-membranous*" deposit may be formed, as also the accidents that may attend the operation itself, all tend towards rendering the result unfavorable.

These objections have all the force derivable from extensive experience of the most eminent surgeons, both in this country and Europe. On the other hand, it must be remem-

bered, that the statistics have been obtained under the most unfavorable circumstances to form a just estimate, namely, improper or inefficient therapeutical treatment, both before and after the operation. What would have been the case under the use of Homœopathic remedies, it is impossible to say positively, for want of sufficient data in our school, but, from analogy in other departments of Homœopathic surgery, it is not saying too much that the results would have been *very* different.

It has been my experience to see a great deal of these affections, Croup and Diphtheria; many—the majority—getting well under the usual treatment, others resisting all treatment and dying by direct obstruction to respiration, or its remote effects. These cases are generally neglected ones, or unusually rapid in their progress; and it has appeared to me, while witnessing the terrible efforts of the heaving throat and chest to obtain air, and while the imploring eyes of the little sufferer were fastened upon me as if in rebuke at my powerlessness to help—I repeat, it has seemed as though death should not come thus, that something more was to be done.

Moreover, these ideas have received repeated confirmation at the “post mortem” examinations which I made it a point to obtain, if possible.

In these examinations after death, I *often* found the deposit of lymph confined to the upper part of larynx or trachea, or surrounding the arytenoid cartilages, so as to prevent their being separated to the extent necessary for free access of air, thus effectually stopping up the orifice of the glottis, while the lungs and bronchial tubes were but little affected, other than what would be produced by the mode of death or the struggles in respiration, showing conclusively that, *in these cases*, had an opening been made below the deposit, the dangerous symptoms would have been relieved, so far as to give time for further deliberation. In order to know the cases suitable for the procedure in question, auscultation should be resorted to, and thus, as I have actually discovered

during life and verified after death, the extent to which the disease has invaded the parts below the larynx could be very certainly determined.

A case of Diphtheria, a little boy six years old, whose sister, a little younger, had also died, a short time before, with the same disease and same symptoms, during the violent epidemic of some six years ago, and whose larynx and trachea I preserved, made such an impression upon me that I mentally resolved, when the next case similarly affected occurred to me, to try tracheotomy.

In August, 1866, I was called to attend a little girl about three years of age, who had had some fever and slight cough for ten days past. Domestic applications had been used, until the cough and affection of the respiration alarmed the parents sufficient to cause them to apply for advice. When I saw the case it presented the following symptoms: the child was thin and pale, of a nervous, timid temperament; pulse rapid but weak, beating about 120; skin at times cool and then hot, occasionally perspiring; frequent cough of a hoarse, croaking sound; voice almost extinct; breathing rapid and oppressed; headache; no appetite; some vomiting of mucus; bowels not much affected, although inclined to looseness; tongue very red at tip and edges, coated at the middle and back part. Complained of the throat by raising the hands to that part. Examination of the throat disclosed upon the tonsils, which were very red but not much enlarged, patches of *grayish-yellow matter*, which there was no mistaking for either ulceration or the secretion of the mucous crypts of the tonsils,—a mistake which I believe is sometimes committed. Upon depressing the tongue still further, the whole lower part of the pharynx was found filled with the same deposit, and the contact of the tongue depressor caused blood to ooze from the patches.

The symptoms indicated the Hydrarg Iod., 3d decimal, which besides had been found by me of great efficacy in precisely such cases before. The remedy was continued for about twenty-four hours, and, no improvement taking place,

Belladonna was prescribed, in alternation with Kali bichrom., every hour, with sustaining treatment of beef-essence, milk-punch, &c., &c. The dilute Tinct. Ferri per Chloridi was used as a topical application to the diphtheritic patches, which brought away large quantities of the deposit, leaving the surfaces clean, though raw looking. I even endeavored to reach the rima glottidis by means of a probang, to apply the wash, which gave momentary relief, only to be followed by reaccumulation in the larynx. The patient continued to grow worse in spite of all these measures. Phytolacca dec. was then given, in alternation with China sulph., as a restorative, as diarrhoea was superadded to the other symptoms. After the administration of the last-named remedies for about forty-eight hours there was decided amelioration in the symptoms generally; the fauces and upper part of pharynx were quite cleared of the deposit and much paler in hue; but the whole force of disease seemed bent upon the inside of the larynx, and the dyspnoea became still more alarming, so laborious as to be heard out in the street. The use of the Tart. stib. and Ipecacuanha, as well as several other intercurrent remedies, suggested by the symptoms, and used patiently till sufficient time elapsed to show their futility, all failed to stem the rapidly declining life.

The patient was carried about upon a pillow, with head thrown back, gasping for air; pulse 140, small and thread-like; bowels very loose.

Auscultation showed freedom from disease of the bronchia and lungs, though overwhelmed with mucus. The strength of patient was still good; and this last circumstance determined my further course.

I resolved to perform tracheotomy for the only remaining chance for life, as all who saw the patient felt that she could not survive many hours longer, being at this time quite unconscious of all around her.

At 8 o'clock, P. M., with the assistance of my friend Dr. G. G. Gilchrist, who took charge of the anæsthetic—a

mixture of Chloroform and Ether—the windpipe was opened in the usual way. Hardly had the knife penetrated the rings of the trachea when, with a few hurried and spasmodic gasps, partial consciousness was regained, and, wonderful to witness, the breathing, which previously had been almost convulsive in its throes, became like that of a sleeping, healthy infant. The relief was almost magical, and continued calm, after consciousness was fully restored. The usual precautions after the operation being attended to, the wound in the throat was kept open by cords attached to the edges of the cartilages of the trachea, and tied around the neck, this being the preferable mode to the use of a canula, which causes so much irritation in the tracheal mucous membrane as to materially prejudice the success of the operation.

After the patient had recovered from the effects of the anæsthetic, large quantities of false membrane and mucus were discharged through the artificial opening in the throat, by coughing and the ordinary breathing, and after a sleep of several hours, which she had not had for two weeks, all of the previous symptoms seemed to have taken their departure as suddenly as was the relief to the respiration when the point of the bistoury penetrated the trachea. The wound was kept open for about a week, during which the discharge from the lungs and trachea was very great, requiring constant attention with the sponge in keeping clear the orifice. Then a soft poultice of flaxseed was applied, and cicatrization took place readily, so that in two weeks from the date of the operation the child was running about the house well. The conclusions at which I arrive from this case are, that the medical treatment was amply sufficient to deal with the disease, and all that was wanting to complete the work was the removal of the products of the diseased action, which, from their peculiar situation, could not be done by unassisted Nature, nor the mere dynamical agency of medicines.

TOBACCO.

Translated from the *Dispensaire Hahnemann*, Vol. 4, No. 10.

The talented author of the "Public Lectures on Homœopathy," a work of celebrity in France, has lately published in one volume two "Lessons on Tobacco," delivered to the Faculty of Clermont Ferrand.

The effects of an habitual use of tobacco have, particularly of late, been the subject of serious study.

A great number of scientific men have given to this question so many different and conflicting opinions, that it would still be involved in uncertainty, were it not for the many acknowledged facts of its pernicious effects.

It is neither Barthelemy nor Mery that one must read to solve a problem lately presented by the Academy of Belgium.

M. Imbert Gourteyre, in his pamphlet on that subject, gives in his turn his own study and observations. In communicating his investigations he stigmatizes tobacco as one of the thousand deleterious agents which engender disease, the danger of which should be made public for the benefit of whole populations. The conclusion is at once felt that the learned professor thoroughly condemns the use of tobacco, and joins neither Molière, Corneille, nor any of the poets in their praise of it. He protests, with the scientific world generally, against this poison, used daily and in so many different forms, as proved by the public treasury of France, whose revenue in this branch amounts to two hundred and forty millions of francs annually.

But, alas! and M. Imbert is aware of it, the use of tobacco increases daily—people will smoke, notwithstanding the warning of all the physicians who for three centuries anathematize this poisonous plant without success, until finally they, as well as M. Imbert, use it also.

Vox clamatis in deserto, writes the witty professor: I know that I preach in a desert, but if I convert one of my auditory,

I may say, like the Roman emperor, I have not lost a day. In short, M. Imbert gives us two of his able instructions on tobacco. Wit and science go hand in hand in order to prove the truth of a thesis which, so defended, deserves a better fate. In his history of tobacco he tells us that a poison was brought from Mexico to France by Nicot, and was at first given as medicine. Wonderful instances were related of the efficacy of this plant; it was called "*panacée entarctique,* herbe à tous les maux, herbe sainte ou divine.*" It was an antidote in asthma and king's evil. Catharine de Medicis and her son, King Francis, used it when suffering from headache. From that time it was used at court. Snuff was the fashion at court and afterwards became general. It would indeed have been a blessing to humanity had tobacco remained exclusively a medicine, and had the physicians been able to retain the right of dispensing and prescribing it. But man abuses all gifts. He makes use of tobacco as the Chinese do opium; he is enervated and stupefied by it. It would seem that we are indebted to England for its use in smoking. Some English students came to Louvain to complete their studies, and first introduced the use of the pipe on the Continent, which passed through Jean Bart to the court of France, where the daughters of Louis the XIV were discovered by their father smoking. Soon the army adopted it, and from the time of the war in Holland, under Louvois, smoking the pipe became general, both in camp and among the guards. The habit of chewing next was adopted by sailors of different nations. It was in vain that a reaction followed this infatuation. In vain James the First of England, the emperors of Russia, the sultans of Turkey, and the Church itself condemned the use of tobacco. No impediment could be raised to prevent its introduction to the Old Continent. The opinion of the refined, laying aside the advice of physicians, has been insufficient to check this strange depravity of taste and smell, as everywhere the whole world smokes, snuffs and chews.

* Panacea, herb for all diseases, holy or divine herb.

The act of smoking, says M. Imbert, constitutes a positive chemical operation, which it is important to understand. On one side a liquid residue is formed, which constitutes the juice of the pipe, a mixture produced by the smoke, a residue containing an empyreumatic oil, a bitter extract, and nicotine; on the other side there escapes from the smoke, which contains also nicotine, more of carbonic acid, ammonia and pure carbon. This chemical operation produces actual poison in the smoke, and the different accidents which may result from this poison are more or less to be dreaded.

Nicotine has been compared to prussic acid, the chemical effects of which are similar. One drop of nicotine has been sufficient to kill dogs, and a well-known case of poisoning on man by this substance is authenticated. The discoveries on this occasion, by the analysis made by Mr. Stas, are well known to the learned and to science.

The use of tobacco does not produce the terrible effects of nicotine, but it is owing entirely to the quantity habitually used and the manner of using it; for its poison has power, not only on animals, but also on vegetable productions. In a short time orange trees and other plants, exposed to an atmosphere of tobacco, have perished. Its effect is not, then, surprising upon man. The poison acts positively and in different degrees on the organism.

We can see that an acute and chronic poisoning is produced by tobacco. The acute poisoning is known to almost every one; all smokers have been its victims on their first trial of smoking: a pallid face, cold sweat, trembling, vertigo, slowness of pulse, which becomes also small and irregular, difficult respiration, salivation, nausea, vomiting, colic and alvine evacuations. Such is the picture of the intoxication or poisoning by tobacco; a poisoning, fortunately, whose symptoms very soon pass away, unless followed by most serious consequences, as in some cases known to science. A young man, who slept in a room where three persons had smoked all the evening, was found dead of congestion to the brain, caused by the smoke of the tobacco.

This may be a warning to those who expose themselves and live continually in the atmosphere of cafés or taverns (ale houses). This unhealthy air must be for many the cause of divers chronic diseases, a question not yet sufficiently studied. There are many persons, children and women, who are unable to remain any time in a nicotinized atmosphere without headache, nausea, dazzling and dimness of sight, and swooning.

Taken in a different form, or by other means, it may be a mortal poison. A thousand facts exist to prove this; thus the external applications, as used by the people against the itch, scurf, dropsy and rheumatism, have produced certain poisoning. On one occasion, a whole regiment of German hussars, wishing to defraud the custom-house, had placed the leaves of the tobacco on their chest. Although inveterate smokers, they were all taken, without exception, with cephalalgia, vertigo and vomiting. Many have died from having imprudently or carelessly swallowed tobacco; and the fate of the poet Sauteuil, who was fatally poisoned by some tobacco thrown in a glass of wine, when a guest of the prince of Conde, is known to every one.

It is used, or rather was abused in medicine as an infusion for enemas. Thus, our annals have many examples of its poisonous effects when used thus on persons subject to hernia or constipation. Death in those cases was very rapid. These examples, so common in the history of medicine, should certainly open the eyes of those partial to large doses, particularly in active agents. Hahnemann rendered an immense service to science when he taught the efficacy of the small doses, and by them the saving of so many evil results of powerful medicines. It is certain that, for instance, in tobacco, the doses in decoction of one or two grains, prescribed by Mr. Trousseau might give rise to serious results, and Homœopathists are perfectly justifiable in their strong disapproval of the abuse of the large doses given by their brethren of the Allopathic school.

The symptoms called chronic poisoning, by the celebrated

Professor of Clermont, are very variable. The diseases created by this poisoning are particularly nervous diseases, for the action of the tobacco on the nervous system is particularly manifested. It is in that sphere that the worst form is felt. It renders the brain at first idiotic, stupid ; then the perception is slow, the memory becomes enfeebled, the mind brutalized ; both the senses of sight and hearing are paralyzed. Thus great oculists do not hesitate to consider amaurosis a frequent effect of the use of tobacco. Many examples are quoted by them. From thirty-seven cases of amaurosis, an English physician numbered twenty-three to have been inveterate smokers.

There are many deaf among smokers, and physicians whose study is principally given to the ear, have declared tobacco a frequent cause of deafness. It acts on the motor nerves. Convulsions and epilepsy have been brought on by it,—the case of a young physician, for instance, who was brought to a state of epileptic idiocy by the constant intoxication by tobacco. It has caused with certainty softening of the brain, apoplexy, and, in the course of time, paralysis of the limbs, particularly the paralysis called “ataxie locomotrice.” The insane hospitals are now filled with smokers who are attacked with an insanity termed general and progressive paralysis ; which has developed itself fearfully in the space of thirty years, precisely about the period when smoking was first known and promulgated. This disease has proportionally spread in France, owing to the constant progress of the taxation on tobacco. A well-known phenomenon in smokers is the trembling of the hands, continued or accidental, and taking place after smoking. Not only does tobacco act on the motor fibres by convulsing and paralyzing them, but it causes also in the nerves and muscles pains more or less intense. From thence this train of neuralgias, too numerous to delineate. There is also the poisoning of the heart and lungs. Many cases of angina of the chest, a disease which may be fatal, have been engendered in smokers, and also a lowering of the voice.

Let the tenor whose larynx may yield him one hundred thousand francs take heed.

Latterly a physician called the attention of the medical world to the intermitting pulse caused by an excessive use of tobacco, particularly from cigar smoking. With reference to this, nicotine is justly compared to digitaline, a most active poison to the heart. Nothing is more frequent than the labored breathing and oppression of the habitual smoker.

The digestive organ is as much exposed as the heart, and it is acknowledged that tobacco impedes digestion; the American Indians knew it, for, to prevent hunger, they took in their long marches pills of tobacco and chalk. Smokers eat very little. They are subject through tobacco to dyspepsia, gastralgia, obstinate constipation and great emaciation. A more serious consequence still is cancer of the lips, the tongue or stomach, caused by the pipe or cigar. It is on record in the navy that the sailors who chew continually die in great numbers from cancer of the stomach; this can be said also with regard to smokers.

The most dangerous form of using tobacco is by chewing; the most harmless is snuffing. Smoking is intermediate, but the pipe is better than the cigar, for the mouth receives the constituent; the cigar, being richer in nicotine than the ordinary smoking tobacco, has three times more weight, for the fermentation, which transforms it into ammonia more or less, takes place and makes it less dangerous. A learned German writer contends that nervous diseases are more frequent since the cigar is used in preference to the pipe. It is a detestable practice, that of swallowing the smoke or ejecting it from the nostrils, for it is offering a powerful surface, through inhalation, to chronic poisoning.

A young man or a child is, naturally, more exposed to the danger than an adult would be. A matured man may bear proportionately a certain quantity of poison which an undeveloped one cannot. At the age when a rapid growth requires a generous and abundant food, how often do we see young smokers losing their appetite, their complexion assuming a

cachectic hue, from a want of proper nutrition; and thus, saturated with tobacco, they lay the foundation for an innumerable number of germinating diseases.

We have given M. Imbert's numerous and dangerous attributes of tobacco.

There are some lighter shades to the dark picture just given; for some individuals have smoked all their life with impunity. It is a privilege granted to a few, and habit then becomes a second nature. But there are refractory ones who are forced to forego smoking from being made positively ill, and others who for a while may smoke, but before long they become the victims of tobacco.

Dr. Jolly, in his "*Etudes Médicales et Hygiéniques sur le Tabac*," expresses himself thus: "The facts have been revealed to me through the time and study I devoted to individuals, families, masions de santé, hospitals, and where tobacco was manufactured, in France and in other countries; and the results of these studies are such as I scarcely dare to publish. So sad are they that I would hide them from myself; they inspire astonishment."

Physicians who amuse themselves by palliating, evading the question, had much better study it instead.

But what says the Homœopathic school, who, in this respect, agrees with her rival school?

Faithful to the teachings of the master, she makes an exact and profound study of the pathogenesis or medical substance, and tells us that tobacco produces after a meal a strong desire to sleep, nocturnal sleeplessness, melancholy, sometimes anguish, anxiety, agitation, dislike to work and conversation, an affluence of confused ideas, vertigo, excessive heaviness in the head.

All these primitive effects of tobacco, studied by the Homœopathic school, give us exactly the pathology represented by the two instructions of M. Imbert; and is the key to those dreadful diseases so darkly pictured by him, notwithstanding the sonnets of the poets on the pipe and cigar!

The result of this is evident: tobacco, resorted to at first as

a medicine, has been changed in its destiny ; it may prove a curative agent in therapeia, but it is a dangerous and destructive pastime. To deny the ills resulting from it is a grave and fatal error.

This is M. Imbert's conclusion.

When the habit of smoking will be universal, when men and women, priests and magistrates, adults, young men and children will daily, and several times a day, light their smoking furnaces, what will become of society ? How will it benefit the arts, science, and the administration ? Men who have studied the philosophy of pagan history can tell us the cause of their fall. The same causes exist in part in our Christian society ; for three hundred years the material world has granted to the Christian world three dreadful poisons, ignored in antiquity, and which are to us a serious cause of moral and physical downfall.

NOTE.—In publishing the above extracts from the lectures of a learned college, we can not refrain to express a forcible conviction that tobacco, as a medicine, must occupy a very prominent place in our *Materia Medica*. We will be enabled to apply it often in the case of patients after we have obtained a more complete knowledge of its effects on the human organism, derived by proving it in smaller doses and in potencies. Although Tobacco occupies already a place in our *Materia Medica*, comparatively few cases of cures by this remedy have been reported.

Dr. Gross publishes in the *Archiv II*, 348, his experience of tobacco in Cholera, and says in Sporadic Cholera tobacco, in the highest potencies, was a very efficient remedy even on inveterate smokers.

Dr. Knorr relates two cases in the *Algem. Hom. Zeitung* of cures of Cholera by tobacco. Coldness of the body, distorted countenance, fainting and clonic spasms were the predominant accompanying symptoms.

Drs. Kurtz and Fleisher publish in the *Hygeia* cases of Cholera, observed in Vienna and Breslau, relieved by tobacco ; the copious evacuations had been checked by *Veratrum* and *Secale cornutum*, but cold perspirations and nausea remained.

Dr. Kurtz says, in the *Vierteljahrschrift I*, 459, that he considers tobacco, especially in the gastric Cholera, when the spasmodic condition prevails, when the cold skin is covered by a clammy perspiration, but when the cyanosis is not very prominent.

Dr. Gersted says, in the *Homœop. Vierteljahrschrift VI*, 104, in fully developed asphyxia tobacco is almost as important a remedy as Hydro-

cyanic acid: the dyspnœa which is then present is a strong indication for tobacco.

Dr. Minnichreiter says, in the *Allgem. Hom. Zeitung*, that he considers tobacco, especially indicated for constipation, and that the physiological provings point to its use in that condition, but thinks that Nicotine might be better.

A. R., in the *Allgem. Hom. Zeit.*, Vol. 55, p. 106, says that tobacco has cured *Hooping-Cough* with violent straining and vomiting, stitches in the pit of the stomach, with inability to take a deep inspiration; after coughing violent hiccough, as if he would suffocate.

Dr. Schroen says, in the *Hygeia*, Vol. 4, p. 506, tobacco cured the hiccough which followed a severe cough and ameliorated the cough.

Dr. Schleicher reports a cure with Nicotine in the *Algem. Hom. Zeit.*, Vol. 52, p. 29. A girl twenty-six years old suffered from Asthma periodically; has to sit up, the face is blue, the dyspnœa very distressing, respiration short and quick, the jugular vein swollen.

On Nicotine in Cholera, vide *Hahnemannian Monthly*, Vol. 1, p. 425.

We are in possession of a good deal of practical knowledge of the antidotes to tobacco, and can generally give very quick relief for the more acute symptoms following the abuse of it. The chronic effects require not only abstinence, but a much longer time before they are relieved or cured.

When persons suffer from nausea, perspiration, faintness and nervousness after having smoked too much, the relief given by a single dose of highly potentized tobacco is very striking, and a few minutes often suffice to enable the transgressor to walk again, and he is relieved of that deadly sickness and fainting. If the bad effects are not felt at once, but later, say the next morning, *Nux vom.* is more appropriate. Guided by the most characteristic symptoms presenting themselves, we may find it often necessary to give other remedies. The spasms, with cold sweats, following excessive smoking, have been relieved by wine.

The chronic effects of excessive use of tobacco find their remedy often in *Sepia*, especially if nervous affections show themselves, as a Neuralgia of the right side of the face. The impotence caused by tobacco has been relieved by *Lycopodium*. Arsenic antidotes tobacco, and in particular the effects caused by chewing it; it causes a dislike to chewing, and will often facilitate the efforts to give up this habit. *Lycopodium* causes a strong desire to smoke tobacco, and if this symptom is present in grave diseases, *Lycopodium* will often be indicated.

A. L.

CLINICAL CONTRIBUTION ON THE SUBJECT OF
TUMORS.

BY C. WESSELHOEFT, M. D.

No. 11, Vol. I., and No. 1, Vol. II., of the Hahnemannian Monthly contain articles by Drs. A. Lippe and H. N. Guernsey, emphatically and justly setting forth the merits of the internal treatment of tumors, in opposition to those who attach too much importance to surgery. While every one will admit that without surgery the art of healing in its most extended sense would be imperfect, it is nevertheless necessary that the limits of mechanical (surgical) interference in diseases should be restricted to their proper sphere.

In the old school of medicine, physicians and surgeons wrangle for ascendancy; and thus far the latter have succeeded to such an extent that the terms, by which a speciality is distinguished from a generality, have become synonymous, notwithstanding the great difference in the literal meaning of the appellations. The fault lies in the inefficiency of the old school therapeutics; for want of success its adherents are consciously and unconsciously forced to adopt means capable of producing more palpable and visible curative results, and thus they resort to surgery. They try hard to make it more of a science and an art than it ever can be, by endeavoring stealthily to enlarge a class of affections called "surgical diseases," and hence every conceivable disease is crowded into that class, abounding principally in morbid curiosities; see, for example, our bloated surgical text-books, the unwieldy dimensions of which are only to be reduced by the progress and development of therapeutics as embodied in Homœopathy, which cannot recognize surgical diseases as a class. Diseases of the eye, ear, genitals, will rarely become subjects of surgery under proper therapeutic (Homœopathic) management, and the same applies to diseases of the skin, including tumors. Hence every therapeutic success, which

has rendered surgical aid unnecessary, will serve to strengthen the esteem of Homœopathy.

Case I. October 28, 1859, I was called to a lady between sixty and seventy years of age, of spare habit and lively temperament, much confined to her room, owing to debility caused by a life of severe experiences. For about four months we had noticed a tumor on her left upper eyelid, which had reached the size of a filbert, preventing the eyelid from being elevated, and hence the eye was nearly closed. The tumor would occasionally decrease slightly in size and after a few weeks enlarge again, becoming harder, somewhat inflamed and tender; it was generally soft, and movable; presenting every appearance of an encysted tumor or wen.

Prescription: *Calcarea carb.* 30, two doses, one a day. This remedy has among its symptoms *encysted tumors*, (*Balggeschwülste*), which are renewed every four weeks, with suppuration (a curative effect) and swelling of glands, either hard or suppurating, with or without pain.

By the fifteenth of November the tumor had almost disappeared; in a few weeks it vanished entirely, and has never returned.

Case II. A maiden lady, aged about forty, had for "many years" noticed a swelling in her right groin. Upon careful inspection there appeared an oblong, hard swelling, extending from the ramus of the pubis nearly to the superior spine of the right ilium; its circumference was that of a cucumber, and could easily be felt beneath the integuments, also producing a visible enlargement externally; it was accompanied by severe stinging, cutting and throbbing pains, aggravated much by standing, walking, and palpation, often extending into the right breast. These pains had increased in severity for three months. Concomitant symptoms were: vomiting of foamy mucus during the day, after sudden nausea felt in the throat; weak, faint sensation in epigastrium, with loss of appetite; sleepless, restless nights; stools regular; the menstrual period had appeared irregularly for some time, and lasted but a day or two, accompanied with weakness, alternate

chills and heat, severe aching in the loins, and often much throbbing and stinging pain in the tumor; short, dry cough with expectoration in the morning; *heaviness and dizziness in the occiput and chiefly in the temples*; headache, mostly in the *right side*. In addition to these symptoms the patient had suffered for fifteen years or more from an eruption over the whole body, consisting of red spots, upon which close inspection revealed numerous small vesicles, which at times exuded a moisture, forming thin white or yellowish scales and crusts; this eruption was attended with intolerable *stinging, burning and itching*, so severe as to cause the patient to scratch her skin till it bled; the eruption was aggravated by the slightest breath of air, but was equally sensitive to *warmth of the room and bed*.

Such were the more prominent symptoms as presented during three months, in which time much other sickness in the family prevented this case from receiving the attention it deserved. Bryonia, Lachesis and Sulphur were the only remedies given during that time, producing a temporary effect so favorable that the patient became neglectful. But on the 10th of February, 1861, the entire condition was so much worse that further treatment was sought.

Apis mel. was the remedy prescribed, as indicated by the symptoms printed in italics; two doses of the 20th in pellets were given.

February 13th, the ovarian tumor, for such it was, and which had hitherto increased in size, had now diminished somewhat, while the previously excruciating pains had abated very much.

From this time onward improvement, at first doubtful, progressed quite visibly; all the symptoms improved, including the eruption, which, however, did not disappear entirely for a long time. *Apis* was repeated a few times at intervals of several weeks. The ovarian tumor decreased slowly but steadily, and in the course of about three months it was scarcely perceptible and no longer painful; toward the end of the following summer it could not be perceived at all, and has not troubled the patient up to the present time.

AMERICAN INSTITUTE OF HOMŒOPATHY.

Bureau of Materia Medica.

CIRCULAR.

At the last Meeting of the American Institute of Homœopathy, the undersigned were appointed the Bureau of Materia Medica. As such, they are conscious of having a most important duty to perform, and are determined that the year shall not pass without having discharged their duty faithfully.

All will agree that the perfection of the Materia Medica must be our chief object. Without it we cannot hope for success in healing the sick; without it we would be faithless to our maxims, professing what we do not practice. This has been so often repeated that many may think it superfluous to be again reminded. But in consideration of the circumstance that our Materia Medica is written mostly in a foreign language (German) and that it is accessible to most American physicians only through the medium of translation; and furthermore, in consideration of the fact that American physicians are obliged to depend mainly on a fragmentary Materia Medica, scattered through American (English) periodical literature devoted to Homœopathy, but which has not yet been collected in a practical form—this Bureau proposes to begin its labors by *collecting the scattered material, but chiefly to add to it new and complete provings of the numerous American Drugs*, especially from the Vegetable Kingdom, as yet only partially known and empirically used. In this way only shall we escape the appellation of irrational empirics, or approach the time when we shall possess an AMERICAN MATERIA MEDICA, CONVEYING ITS MEANING DIRECTLY FROM THE PEN OF PROVERS, IN IDIOMATIC ENGLISH, TO THE READER.

Up to the present time the entire Homœopathic community throughout the world has been dependent on a German Materia Medica, and although it has established the truth of our principles in every country, far greater results may be looked for when each country, with its peculiar language, climate and territorial peculiarities bearing on diseases, shall possess a Materia Medica of its indigenous drugs (plants).

Although the members of this Bureau may further the object individually, still the importance of the subject urgently demands the co-operation of all members of the American Institute of Homœopathy; and all are therefore earnestly invited to signify their willingness by entering, WITHOUT LOSS OF TIME, into communication with the members of this Bureau.

As the members of the American Institute of Homœopathy, let us form a *Prover's Union*; let every Homœopathic physician in the country contribute something toward the perfection of the Materia Medica. The undersigned trust that their appeal will be heard, and that each will do his duty; let us resolve to act, and never to cease our labors at a task without an end!

Although their Materia Medica is to be enriched from all sources, the proving of *American plants* appears as the most promising measure; and as this Bureau is composed of five members, each of whom will take charge of one drug, the name of which is placed opposite the name of the member of the Bureau, you are requested to select one of the five drugs and to make it the special object of proving for this year; to make careful provings upon yourself and as many of your friends, both *male and female, old and*

young, as you can interest in the work ; also, to collect from the literature within your reach, as well as from your personal experience, all reliable cures performed with the drug you have selected ; to arrange and classify your provings and other information, AND, FINALLY, TO FORWARD THE RESULT OF YOUR LABORS TO THAT MEMBER OF THE BUREAU HAVING CHARGE OF THE DRUG.

MEMBERS OF THE BUREAU OF MATERIA MEDICA.

C. WESSELHOEFT, M. D., Harrison Sq. P. O., Mass., *Pulsatilla Nuttalliana*.
 WALTER WILLIAMSON, M. D., Philadelphia, Pa., *Hydrastis Canadensis*.
 WM. E. PAYNE, M. D., Bath, Me., - - - *Lilium tigrinum*.
 E. M. HALE, M. D., Chicago, Ill., - - - *Ptelea trifoliata*.
 H. L. CHASE, M. D., Cambridge, Mass., - - - *Iris versicolor*.

It has been customary for Provers' Associations to publish rules according to which the provers were to proceed. It would exceed the limits of this circular to repeat what must be taken for granted. An elaborate exposition of the art of proving would be equal to a dissertation on the art of curing. He who comprehends the principles of the healing art as embodied in Homœopathy, will form his own plan and method of proving medicines upon himself, and will instruct his non-professional friends.

For the sake of uniformity, we will request the observance of the following

RULES.

It is desirable to have provings of preparations of different degrees of strength, from the tinctures to the higher dilutions.

State the form or preparation of each drug employed.

State the age, sex, and constitutional habits of each prover.

Give the full report of each prover, preserving the precise order in which the symptoms appeared.

Write your report on alternate sheets of letter paper, in order to save time in the final arrangement.

WEST CHESTER, DELAWARE AND LANCASTER COUNTY SOCIETY.

At the annual meeting of the Homœopathic Medical Society of Chester, Delaware and Lancaster counties, held at Dr. Smedley's office, Westchester, Pa., October 2, 1866, the President being absent, Dr. Wood was appointed President *pro tem*.

Minutes of the last meeting read and approved. After which the Society took a recess, until quarter past one P. M., for dinner. At half past one P. M., on motion, proceeded to elect officers for the ensuing year.

Dr. Bardin elected President ; Dr. Johnson, Vice-President ; Dr. Jones, Secretary ; Dr. Smedley, Treasurer.

On motion, the following preamble and resolutions were unanimously adopted :

Whereas Lancaster County has seldom, for years past, been represented in our Society meetings, and that, in our judgment, there are sufficient Homœopathic practitioners in that County to form a County Society by which to represent themselves in the State Society :

Resolved, That we now drop the name of Lancaster from our title, and we henceforth be called the Homœopathic Medical Society of Chester and Delaware Counties.

Resolved, That the members from Lancaster county be retained with us until they form a Society of their own.

Resolved, That the Secretary be authorized to send these resolutions to each of our members residing in Lancaster county.

A very interesting communication was read by the Secretary, from Dr. Hindman, of Marion, Iowa, on Trichiniasis, pointing out the probable connection of hog cholera and trichinæ. The essay was thankfully received, and ordered to be filed.

Dr. C. Preston, of Chester, read a communication on Intermittent Fever. It was of much practical interest. Received and filed.

Dr. Morgan, of Philadelphia, being with us, kindly gave us some of his experiences in the same disease. He spoke of Gelseminum and its indications; of Quinia sulphas and Sulphuric acid; also, the mineral acids, as Nitro-muriatic or Nitric acid; also, Nux vomica with Sodæ chloridi; Idumic acid with Quinia sulphas. He also gave us several cases of intermittent fever.

Dr. Johnson spoke of the use of Chinordine as being quite as successful as Quinia sulphas, but acting more kindly.

Dr. A. Williams used Arsenicum very successfully.

Dr. Smedley read a case of intermittent fever, and asked for remedies. Caps., Gels., and several others were given.

Dr. Jones asked for information about former resident Homœopathic physicians in Chester county.

On motion, it was resolved that the Society prove Hydrastis Canadensis and report the same to Dr. Williamson, of Philadelphia.

Dr. C. Preston asked what remedies will cure fistula lachrymalis. One case was reported cured by Silicea and Petroleum. Other remedies were given.

Dr. Johnson asked information concerning a case of spinal trouble. Several remedies were suggested.

On motion, an order was drawn on the Treasurer in favor of the Secretary.

By motion, we meet in our seventh annual meeting at Kennet Square, on the first Tuesday in May next.

Adjourned.

JOS. E. JONES,
Secretary.

NEW PUBLICATIONS.

TEXT-BOOK OF MATERIA MEDICA. By Ad. Lippe, M. D. A. J. TAFEL, 48 North Ninth street, Philadelphia, Pa.

The Third Part is received, very neatly printed, and contains Hyoscyamus, Hypericum, Ignatia, Indigo, Ipecac., Iris vers., *Jacaranda* (new), Jatropha, Jodium, Kali bichr. and Carb., both very full,—Kali Hyd., Kalmia, Kino, *Kobalt* (new), Lachesis, *Lachnanthes* (new), Lactua, Lamium (new), Lauro-cerasus, Ledum, Lobelia, Lupulus, Lycopodium, Magnesia, Carb., *Muriat.* and *Sulph.*, Manganum, Marum Verum, Men-

yanthes, Mephitis, Merc. Viv., Merc. Sub., *Merc. proto-jod.* (new), Merc. Sulph., Merc. Per. and Mezereum.

The *Fourth Part* of this work is now nearly all printed, and a considerable portion of the manuscript for the *Fifth* and concluding *Part* is already in the printer's hands.

Since the above was in type, and before room for its insertion could be found, the *Fourth* and *Fifth Parts* have been published, completing the entire work.

The object of the author, as indicated in the Preface, has been to furnish to students of the *Materia Medica* a work in which he might find the characteristic and more prominent, special symptoms of the best proved and most used of our medicines; to facilitate the study of the entire *Materia Medica*, not to supersede it. As we have previously stated, this work contains some new remedies never before incorporated in any general work on the *Materia Medica*, such as were scattered through the various medical journals of our School. The plan of the work is restricted to remedies which had been regularly proved on the healthy, and whose subsequent administration in diseases had confirmed such provings,—from both which sources combined it became possible to deduce some characteristic indications. Thus its sphere is seen to be entirely distinct from that of Prof. Hale.

The general arrangement of the symptoms in a manner similar to that of other books on the Homœopathic *Materia Medica*, and the method of printing each separate symptom in a line or paragraph by itself, must greatly facilitate the use of this text-book.

A new and valuable feature of this work consists in an elaborate collection, from all the various Homœopathic books and journals, of the fever symptoms; by means of which it is believed the selection of the true simile in each case of chill and fever, may be greatly aided. This feature is more especially apparent in the *Second* and subsequent parts.

The "*Conditions*" placed at the end of each remedy will also be found highly useful to the student; and since they coincide with those given by Bönninghausen in his *Therapeutic Pocket-Book*, they will render less disagreeable to many the fact that this latter and much-prized work is now entirely out of print in English.

The author is now lecturing with the aid of this text-book, which is also being daily used by many physicians; and by such practical tests its actual value and reliability will soon be determined. We confidently recommend this Text-book

to the profession; not as being either perfect or complete, but as one which, in the present condition of the literature of our *Materia Medica*, we consider ourselves safe in saying, will be found of indispensable utility to the followers of Hahnemann. F.

NEW REMEDIES, Their Pathogenetic Effects and their Therapeutical Application in Homœopathic Practice. By Prof. E. M. Hale, M. D. *Part Fourth.* E. A. Lodge, Detroit, Michigan.

This Part (Fourth) contains the very interesting and important remedies, *Gelsemium*, *Hamamelis*, *Hydrastis*, &c., and *Iris versicolor*, in part, with several others of less note; some of which, however, when fully proved, may be found of no less decided value. Upon the completion of this work we propose to give a full statement of the original provings and additions to our knowledge of the "New Remedies" which it may contain, in addition to its value, as presenting in a convenient form for reference and study, their natural history and clinical literature. Properly used, such a work as this should prove as valuable as interesting. In so far as its tendency is to awaken interest in remedies unproved, or but partially proved, its influence cannot but be good; but in so far as it is abused to the encouragement of generalizing and empirical practice, it lays the axe at the very root of the pathogenetic element of our system. But against such abuse of his work we think no one would more earnestly protest than its learned and industrious author.

THE HAHNEMANN MONTHLY, published by the Hahnemann Life Insurance Company. Cleveland, Ohio—July, September.

We welcome this new comer into the field of Homœopathic journalism,—making the tenth on our list of American Homœopathic exchanges. And *though last*, NOT LEAST, since, although designed particularly as a medium of communication for the Hahnemann Life Insurance Company, with its patrons and the Homœopathic public generally, its pages are occupied with articles of the highest interest; while in point of actual circulation it surpasses that of all the rest combined, ranging from 33,000 in its first issue, to 45,000 in its second.

To place a copy of this journal in every Homœopathic household in the land, is an undertaking well worthy the gigantic enterprise and far-reaching aims of the Homœopaths who have founded the Hahnemann Life Insurance Company, and who are now engaged in extending its beneficent operations throughout the whole country.

THE NEW ENGLAND MEDICAL GAZETTE, Nos. 7 to 10.

The July number contains the continuation of the article on "The various Operations for Cataract," by Dr. Angel, the Editor. The October number contains an interesting paper on "Misrepresentation," by Dr. C. Hering, translated from the *Algemeine Hom. Zeit.*; and a report of some "Cases of Dysentery," by Dr. C. Wesselhoeft.

THE AMERICAN HOMŒOPATHIST, conducted by *James G. Hunt, M. D.*, Vol. III., No. I., July. Cincinnati, *Smith & Worthington*, Publishers, \$1.50 per year.

This third volume commences under the auspices of Dr. Hunt as Editor. The Queen City of the West, and her naturally tributary territory, ought easily to afford an ample support to this journal, which is intended for family circulation as well as for professional use. *Homœopathy will never be firmly established until her patrons are educated to an intelligent understanding of her principles.* When this is done, and well done, Homœopathy will no longer be so exclusively dependent in any given place upon the life and continuance in well-doing of her individual and local practitioners.

Dr. Hunt has our best wishes for his success in his new and most important enterprise; and we hope that he will find that the persevering efforts of his predecessors have rendered his labors less onerous, and his success more assured.

THE NORTH AMERICAN JOURNAL OF HOMŒOPATHY, August. William Radde, 550 Pearl street, New York.

The paper on the "Treatment of Ulcerations of the Os and Cervix Uteri," by Dr. Ludlam, and the "Report on Natural Labor," by Dr. S. P. Lord, will be read with interest. Dr. Lord makes an able and earnest protest against the abuse of instruments in labor.

THE AMERICAN HOMŒOPATHIC OBSERVER. The July number of the Observer contains an historical résumé of Cholera by the Editor, Dr. E. A. Lodge.

The October number contains an interesting lecture on "Asiatic Cholera," by Dr. T. Rowsey.

POPULAR HOMŒOPATHIC JOURNAL. C. A. Jaeger, M. D., Editor. Elgin, Illinois. Monthly, at 50 cents per annum.

We are pleased to learn that this journal is having an extensive circulation among the people, especially at the West; it cannot but do good.

THE ATLANTIC MONTHLY.—This magazine, the pride of the élite of the Bostonian literati, under the influence of Prof. O. W. Holmes, has, in previous issues, indulged in remarks as ungrateful to the feelings as they were uncomplimentary to the good sense of its Homœopathic readers. The October number contains an article entitled "Childhood: a Study," from which we extract the following paragraph.

"I hurry away from the awful scene. Let me be thankful that I swallowed but little calomel. Let me be thankful that, after a time, I could not swallow castor oil. Spasmodic regurgitations, as if one had attempted to load a gun having a live coal at the far end, closed perforce that chapter of torments. And soon thereafter arose the benign genius of Homœopathy, with healing in its neat little white-paper wings. Beautiful Homœopathy, the real Angel in the House, if Mr. Coventry Patmore had only known it! Hast thou not long ago appeared, veiled in an allegory, before an unrecognized world? Surely, what but Homœopathic medicine was the wondrous talisman with which Adonbec El Hakim cured the Melech Ric? To be taken in a tumbler about two-thirds full of water, as now; but in those early times, and for such a very large man, at one gulp, instead of by hourly teaspoonfuls. Or perhaps the manuscripts may have been corrupted in that passage by unscrupulous mediæval physicians of the School of Salerno, or other regular institutions."

TO OUR SUBSCRIBERS.—With this number we send bills to some few who have forgotten to pay in advance, according to our published terms. Those failing to respond will be understood as not desiring to receive the Hahnemannian in future.

WM. G. PERRY, Bookseller and Stationer, No. 728 Arch street, Philadelphia.

We desire to invite especial attention to the advertisement of our friend Mr. Perry. Students in particular will find *Thesis paper* of the most approved style, and every article needed, at this book-store.

C. J. PRICE, Importer of English and French Books, Chromo-Lithographs and Steel Engravings, has just removed from 21 South Sixth street to 722 Sansom street. Many valuable Medical Books, new and old, may be found here, at very moderate prices. Give him a call.

THE
HAHNEMANNIAN MONTHLY.

Vol. II. PHILADELPHIA, DECEMBER, 1866. No. 5.

UTERINE FIBROUS POLYPI.

BY HENRY MINTON, M. D.

Miss D——, aged about twenty-five years, medium size, auburn hair, blue eyes, amiable but very decided disposition, came under treatment about six years ago.

For some months previous to my seeing her, she had suffered repeatedly from uterine hemorrhage, attended with severe pelvic and hypogastric pains.

Her case had always been looked upon and treated as one of severe menorrhagia.

Her catamenial periodicity was perfectly regular, never deviating a day from the usual twenty-eight, but the hemorrhagic engorgement was productive of the greatest suffering. Owing to the increasing severity of these attacks, I was consulted in regard to her case. I do not think that I have ever seen a more violent attack of uterine hemorrhage than this case presented on my first visit. The hemorrhage and pains were frightful. It did not seem possible that she could survive many such attacks. The patient was very thin, pale, and feeble,—in fact, she was almost completely exsanguinated. The anæmia was not only manifested by

the pallor of her skin and the flabbiness of her muscles, but by the irregular breathing, and palpitation of her heart.

Though I was informed that this attack was no more severe than many others from which she had suffered, and that in the course of three or four days this would pass over, and she would again be about the house, I, indeed, was quite apprehensive that the day had gone by when remedial means would be of much avail to the suffering creature before me.

The only ray of hope I could observe was in her indomitable will. Seeing me, I presume, looking rather despondent, she drew me near her, and whispered, for she could not speak loud, that she had lived through a good many such attacks, and could stand a good many more—that *she was not going to die yet.*

After making several prescriptions, and attending her through two of these attacks, I came to the conclusion that this was something more than menorrhagia dependent upon habit, or an adynamic condition of the womb: the weight, tension, and severe expulsive pain which so tormented the patient, forbade the supposition that it was this disease. The immoderate flowing excluded the possibility of its being dysmenorrhœa. Were there a polypoid growth in the womb, the irritation would be constant, and we would therefore expect the hemorrhage to be at least irregular in its periods, if not continuous. The whole difficulty was evidently dependent upon some organic uterine lesion, the nature of which could only be definitely ascertained by a vaginal examination.

I stated this conclusion plainly to the patient, and proposed an examination. Like a sensible girl, as she is, she at once readily consented.

On passing the right index finger into the vagina, I discovered a large tumor, rather obscure in its nature, but which, nevertheless, I believed to be a polypus. I refrained from giving an opinion, until I had made a more thorough examination, which I promised to do on the following day. The

next morning I found her suffering from severe pain, occasioned, no doubt, by the excitement and irritation of the previous examination. I have never had, before nor since, a patient that was so willing, even anxious, to afford me every opportunity of investigation that promised the least hope of revealing the true nature and location of her disease.

As a general thing, I am inclined to think that physicians are not thorough enough in their vaginal examinations—they too frequently feel a delicacy in making a free use of all, or of employing every, means of research in their explorations, and of repeating those explorations sufficiently often. The chief difficulty in treating uterine or sexual maladies is to overcome that fastidious delicacy which so often prevents the patient from revealing to her physician the whole extent and nature of her suffering. This reserve on the part of the patient is perfectly natural, proper, and highly to be commended; but it is the duty of the physician, when the gravity or obscurity of the case demands it, to explain to the patient the necessity of an examination that alone can reveal the true nature and indications of her disease. If she be intelligent, and places implicit confidence in her physician, she will at once accede to the request; if she refuses, it is clearly the duty of the attendant to decline assuming the responsibility of treating her altogether.

To resume, a thorough examination of the case amply confirmed my first supposition of a polypoid growth, about the size of a child's head, protruding from the os tincæ as an acorn does from its cup, the attachment being well up in the fundus uteri.

I informed the patient as to what I had found, explained to her the nature and tendency of such growths, that it was the occasion of all her pains and flooding; that it could be removed, and she would soon regain her strength and health. She was highly pleased with the prospect thus presented, and was willing to submit to any operation that held out the least hope of affording her relief. Previous to having any

thing done, however, she wished to consult her sister's family physician, who was an old and intimate friend of the family, and who had attended her long before the existence of a tumor had been suspected. To this I readily consented, as I knew him to be a man of sound judgment, of long experience, and well versed in uterine diseases. Besides, I was desirous of having my diagnosis confirmed by good authority, so, in case the operation did not prove entirely successful, I would be somewhat exonerated for attempting what I had no doubt he would inform the patient and her friends was a formidable undertaking. But, alas! when he came to examine her, he pronounced the tumor carcinomatous. The patient, certainly, had a face indicative of malignant disease.

I made several attempts to have his diagnosis reversed, by consulting several others eminent in the profession, but without success. They all advised me not to attempt its removal, as the patient was already much reduced in strength, and would, in all probability, sink under the operation; that I would derive no credit from it, but, on the contrary, would stand a good chance of aggravating a case which, if unmolested, might produce no more serious results than it had already done for months or even years to come.

It was of no avail for me to point out to them that every monthly attack was fast telling upon her general health; that what she gained in the interval was more than lost at each menstrual period; and that the disease, if not arrested, would, in a few months at best, end her existence. They pointed to her cachectic appearance, her emaciation, her waxen complexion, and the general depraved condition of all her functions. They advised me to do all I could to strengthen and build up her system, to give her tonics and stimulants that would hold out hopes of assisting her in reproducing blood faster than she could lose it by her monthly attacks, to allay her pains by sedatives and soothing injections, but under no circumstances to attempt the removal of the heterologous mass.

Of course, in the face of such authority, I refused to operate, although frequently solicited to do so by the patient.

After this I prescribed for her, at irregular periods, for something over six months, affording her some relief, perhaps, by modifying the uterine irritation and consequent nervous excitement, but doing little, if any thing, to permanently benefit her condition. As far I could observe, she remained in about the same condition as when I first saw her. During all this time, I made frequent examinations. I brought to my aid all the different specula and instruments that are ever made use of in such explorations. I was never able to reach its pedicle by passing my finger around the tumor, neither was I able to detect its attachment with a sound; still, at every examination, I felt reassured that my first diagnosis was correct.

About this time, my patient, who was constantly consulting spiritualists, clairvoyants, and doctors and doctresses of every school and persuasion, heard of a female physician, in New York, who had performed some wonderful cures of diseases similar to hers. I offered no objection to her consulting whom she pleased,—on the contrary, I rather encouraged her in receiving a visit from the lady physician in New York. She sent for her. The doctress examined the tumor, and was extremely anxious to attempt its removal, providing I would assist in the undertaking. For several reasons, this I declined doing; though, at the same time, I advised the patient to place herself in the lady's charge. I did this because I honestly believed the tumor could be successfully removed, and I also believed the doctress competent to the undertaking.

Not to be balked by my refusal, they perseveringly sought for other assistance, and finally secured the services of an eminent accoucheur of New York. After several failures, they at length succeeded in getting a ligature around the tumor, and effected its strangulation. If I remember rightly, the ligature was some eight or ten days in cutting its way through the mass. As soon as strangulation became

complete, a most foul and offensive discharge came on, and continued long after the putrid mass had separated and come away.

From the subsequent history of the case, I have every reason to believe that the ligature, instead of being applied to the neck or pedicle of the tumor, was tied at or very near its middle, only embracing that portion which protruded from the os tinæ. If this supposition be correct, it is not, therefore, to be wondered at that the tumor should again prove troublesome, that it should soon acquire new dimensions, when the base or root from which sprang all the vessels, nerves, and other apparatus concerned in its nutrition and development were left intact.

However, after this imperfect removal, or, rather, curtailment of the tumor, the patient soon began to gain strength and flesh; she soon lost her cancerous, cachectic appearance, and, in an incredibly short time, she was enjoying good health,—having gained about thirty pounds in less than three months.

This condition of improvement continued for something over eighteen months, when she again began to complain of excessive and painful menstruation, and for which I was again called upon to prescribe. I soon ascertained that the tumor was fast acquiring its old dimensions. As I had always felt somewhat mortified that another should have reaped the benefit,—and a real benefit it was, too, both pecuniarily and in professional *eclat*,—that I should have gathered, I resolved at once to peel this tumor from its bed so thoroughly that it would never grow again.

This resolve I at once made known to the patient, and from her received a most unexpected but firm and total refusal to consent to any such proceeding. She said that she would rather let the disease take its own course, subject only to such control and checks as I could give it by medicines and astringent injections, than to again lie for three weeks in agony amid such a mass of filth and foul discharges as

she had once experienced. She would rather die, than submit to another operation.

At this time the tumor had not acquired sufficient size to have offered much impediment to its easy delivery, would have measured perhaps about four inches in its transverse diameter. It felt, on examination *per vaginam*, about the shape and size of a child's head. My persuasive powers, however, were not sufficient to overcome her repugnance to an operation.

This was in 1863. I attended her along for some two years, anxiously watching the slow but sure development of the tumor. About this time, I lost sight of my patient for something over a year—she having gone West, on a visit, to recuperate her declining health. Of course, she failed to receive any benefit from this journey. She returned to her home disconsolate and discouraged. Firm in her resolve not to submit to an operation, she was constantly soliciting me to do something to relieve her distressed condition. On examination at this time, I found the tumor had acquired an enormous size; it completely filled the whole pelvic cavity; its lower portion emerging from the genitalia in form about like one's fist, its upper portion distending the abdomen to such an extent as to give the patient the appearance of being at least seven or eight months *enceinte*. The functions of urination and defecation were seriously impeded, in fact, it was impossible for her to pass a drop of urine without first lifting the heterologous mass up from the floor of the pelvis.

The sufferings at each monthly period were fearful. She still continued perfectly regular; but when the flow did commence, it was almost impossible to keep the breath of life in her till the hemorrhagic nismus had expended itself. The patient had become worn out from mental anxiety and physical pain. She was wasted to a mere skeleton. She was pale, and had become almost thoroughly anæmical.

That portion of the tumor which protruded from the *os externum* was rapidly undergoing decomposition; it had become discolored, and was emitting a most offensive discharge.

It was fast becoming plainly evident, not only to myself, but to the patient and her friends, that the sands of life were rapidly crumbling beneath her feet, and that, unless some stay was interposed, she would soon sink beneath her burden. I again urged the necessity of an operation, the success of which even was doubtful: still, it was the only hope left. This she *must* accept or the alternative, which was to drag out a few more months of her miserable existence.

Thus, brought face to face with the hideous visage of her pending doom, she became reconciled to an operation, and was anxious that an early day should be appointed for its performance.

It being settled that the tumor should be removed, the question now uppermost in my mind was, *how* should it be accomplished? Should it be by enucleation, or by excision? If by excision, what instrument should be used—the knife and scissors, or an ecraseur? My favorite method of removing such growths is by the ecraseur. Properly speaking, it should not be called excision: it does not make an incised wound; its effect upon the blood-vessels being similar to that of torsion, and very much lessens the danger from hemorrhage. It must be remembered, that as yet I had no idea, or at least but a general one, as to the size of the attachment to the uterine walls, having never been able to pass my finger or a sound above the tumor to its pedicle. So the feasibility of using the ecraseur was doubtful. I resolved, therefore, to draw down the tumor, if possible, beyond the os externum, and either enucleate or excise it. I had not much to fear from hemorrhage, because, in my numerous manipulations of the tumor, I had, as yet, never caused it to bleed. It consisted, as far as I was able to judge, of a solid fibrinous mass, possessing but very little vascularity. The history of the case favored this hypothesis: the patient was never troubled to any great extent with hemorrhage, except at her menstrual periods, even when the mass had been roughly handled.

The source of the hemorrhage, which is so often present

and which characterizes this disease, has long been a vexed question—some contending that the bleeding proceeded from the polypus itself; others, that it comes from the uterine mucous membrane, which is kept in a constant state of engorgement by the irritation of the polypus. My own opinion inclines to the latter theory, especially in cases like the present, where the tumor possesses very little vascularity.

Till within a few years surgeons were of the opinion that the only safe way of removing polypus uteri was by ligation. The ligature being applied by Gooch's double canula, and daily tightened until strangulation caused the mass to decompose and slough away. This was a most disagreeable and tedious operation, both for the patient and surgeon. It was usually from six to seven days before the tumor sloughed off, and in the mean time a most horribly offensive discharge is constantly issuing from the vagina. The operation of tying the tumor is now regarded as one of great danger, owing to the liability of serious constitutional disturbance being excited by the absorption of the putrid mass. Dr. West remarks: "There is nothing that places the danger in so strong a light as the fact that, out of twenty cases of removal of fibrous polypi by ligature, recorded by a most strenuous defender of that operation, Dr. R. Lee, nine, or almost half, had a fatal result—a mortality more than double that of the operation of lithotomy, as high as that which occurs in placenta prævia, and higher than the mortality from malignant cholera." *Brit. Med. Jour.*, Jan. 20, 1866. Of late years the ligature has fallen into disrepute, owing to the dangers above referred to. By far the best method, and the one now almost universally adopted, is by the ecraseur; this instrument first condenses and then divides the tissues. In those cases where it is impossible to adjust the chain of the ecraseur high up about the neck of the tumor, owing to the large size of the polypi or a narrow, contracted vagina, the next best method is the one which was resorted to in the present case, namely, to draw down the tumor and enucleate or excise it. The danger from excision, which at

one time was considered great, has been very much over-rated. It was objected to on account of the risk from hemorrhage. Dr. West—*Loc. cit.*—states, in speaking of the danger from hemorrhage after excision, that, according to the experience of Velpeau, Lisfranc, and Dupuytren, such an accident is very rare, and that in his own experience twelve cases of excision were unattended with any hemorrhage whatever.

In all cases where it can be applied, it is the better plan to remove a polypus by the ecraseur; by this means we avoid the fetid discharge and its consequences that are occasioned by the ligature, as well as the risk of hemorrhage which may spring from the cut surface when excision by the knife is performed.

The ecraseur is a most valuable instrument, one that we could illly afford to dispense with. This, together with spring tents, are valuable acquisitions of modern surgery.

It is within the memory of even some of the younger members of the profession, when, though we suspected, from indubitable symptoms, an intra-uterine tumor, we were compelled to wait from month to month; and Dr. Meigs—*Woman and her Diseases, 2d Ed., p. 279*—relates a case where he waited from year to year for it to work its way through the cervix uteri, and distend the os so as to make itself visible or at all amenable to a surgical operation. But now we can easily remove our doubts, and confirm or disprove our diagnosis without waiting till our patient has become bloodless and dropsical. We are not compelled to trust to Ergot to expel the tumor from the uterus into the vagina; with spring tents we can easily dilate the os, and, if the suspected intruder is found, we can remove it from its hiding-place with the ecraseur. This instrument has also the merit of finishing the operation at a single sitting.

Having decided the *modus operandi* by which it was most advisable to proceed, I appointed the 9th of June, two days in advance, as the time for the operation. Accordingly, at the time specified, I, with my friend, Dr. Geo. A. Lumby,

whose assistance I had engaged, was at the patient's house. We found her anxiously waiting for us. Sulphuric ether was at once administered; after some little delay it acted kindly—perfect anæsthesia ensued. The patient was now placed in the usual position for the operation of lithotomy. A vigorous attempt was then made to pass the hand behind and above the tumor to ascertain the nature and location of its attachment; in this we failed, owing to the upper part of the vagina being completely filled by the tumor. We then placed a pair of obstetrical forceps upon the tumor, and applied gentle traction, with a view of drawing the mass out beyond the external parts. This process was tedious, owing to the narrowness of the vaginal orifice and rigid condition of the perineum. After several attempts, the forceps slipping and having to be reapplied, we succeeded in drawing the tumor down sufficiently to satisfy ourselves that at its present size it would be impossible for it to pass the os externum. We therefore proceeded to remove a part of it with the ecraseur. With a strong pair of tooth-forceps the tumor was seized and drawn down as far as possible, while the chain of the ecraseur was pushed up over and around that portion which is seen projecting to the left in the accompanying cut.* Great care was necessary in pushing up the chain along the genital passage; owing to the irregular form of the tumor and narrowness of the parts, fear was entertained of abrading or lacerating the vaginal walls. The instrument being satisfactorily adjusted, the chain was gradually tightened until the portion we wished to remove was snugly embraced. We then made a deep incision into the tumor, hoping to find it more or less cystic in its formation, and being able to evacuate some of its contents, thereby reducing its size so that it would readily pass the external opening. In this we were also disappointed, as the tumor was found perfectly solid;

* An engraving from a fine photograph of this large polypus was intended to accompany the article; but it could not be prepared in season.—Ed.

we therefore continued to tighten upon the ecraseur, slowly but steadily, until it cut its way through that portion which was embraced within the loop. The mass thus removed was about the size of one's closed hand, and weighed perhaps a pound. There was not a drop of blood shed during the ecrasement.

The size of the tumor being thus materially reduced in its transverse diameter, we again applied the hooks and forceps upon the remaining portion, and continued strong and persistent traction, with the determination, now the mass was sufficiently reduced in size, to drag it out beyond the os externum and re-apply the ecraseur at its pedicle, or, if possible to reach its attachment with the index finger, to remove it by enucleation.

This was a most tedious process, and occupied considerable time, owing to the rigidity of the parts; but, by steady perseverance and the re-application of our hooks and forceps, the latter of which would constantly slip their grasp, the tumor was at length drawn fairly beyond the external parts, bringing with it the womb almost completely inverted. During the whole time that traction was being made to the tumor, pressure was also applied to the uterus through the abdominal parietes; the descent of the mass was plainly observable, and, we apprehend, materially assisted by this means.

The attachment of the tumor was now within easy reach; it was not pedunculated, but connected to the womb by a broad band or fin, nearly as wide as one's open hand. This was easily removed by enucleation with the index finger, the attachment being fairly rooted out, or peeled from its connection with the uterine wall.

The inverted condition of the womb was immediately, and without any trouble whatever, reduced by the hand to its natural position; a few pledgets of lint were introduced into the vagina to absorb the discharges and act as a tampon; a plain binder, as after confinement, was applied, and the patient put to bed.

The whole operation occupied about three-quarters of an hour; it was effected with scarcely any loss of blood, perhaps one ounce all told, and a part of that came from a slight laceration of the perineum.

The patient came out from under the influence of the anæsthetic without any unpleasant symptoms; had been perfectly insensible to all that had transpired, and could scarcely realize that the tumor had been removed. She was very comfortable the remainder of the afternoon—the operation was performed about noon; passed a fair night, slept considerable; woke up in the morning quite cheerful and *perfectly happy*.

A trifling vaginal discharge, somewhat discolored, manifested itself the next morning when the tampon was removed. This came from the abraded surface, where the tumor had been torn out, and continued for a few days. She used several times daily an injection of cold water, to which had been added a little *tincture of Arnica*, or, when the discharge was at all offensive, as it was somewhat on the second and third day, a little *Chlorine water*. On the fifth day the patient was out of bed.

Nothing could be more successful than this operation. Four months nearly have now elapsed, and, on examination per vaginam, not a vestige of the tumor or its effects can be detected. The os uteri and vagina have resumed their natural form and appearance. The patient's looks, spirits, strength, and appetite have all undergone such a marked amendment that the case may fairly be considered a complete and perfect cure.

The fact of its returning after the first operation has excited in the mind of the patient and her friends some apprehension that the tumor may again prove troublesome. I see no good reason whatever upon which to base such an inference. In the first instance the *top* of the weed was simply excised or cut off; in the latter the *roots* were enucleated or dug up.

As far as my observation goes, this is the largest tumor of the kind ever successfully removed. After four days of maceration in alcohol it weighed five pounds one ounce, and measured thirteen inches in its long diameter and nine inches in its short. It is purely fibrous in structure, and possesses the lowest grade of vascularity.

TRICHINÆ.

Communicated to the Members of the Homœopathic Medical Society of Chester, Delaware and Lancaster counties, Pa.

By D. R. HINDMAN, M. D., of Marion, Linn county, Iowa.

A most intense excitement has been created in this community by the development of that peculiar and dreadful disease, which has prevailed in Germany and some other portions of Europe for the last six years with such marked fatality, and known to the medical profession as trichiniasis, or pork disease. As but few well authenticated cases of disease have occurred in this country, and as it is known to be caused by the use of an article of diet of almost daily consumption, I have been induced to present to you the following history of the disease, as it occurred in this place and vicinity. The first cases occurred in this city, and were under the care of Dr. E. M. Smith, who very kindly furnished me with his notes of the cases. They were nine in number, consisting of Mr. Bemis, aged seventy-two; Mrs. Bemis, aged fifty-seven; their two sons, Henry and Whitfield, aged twenty-three and twenty; their daughter, Mrs. Lansing; her two sons, Willie and Albert, aged thirteen and nine, and her twin daughters, aged six years. All of these ate freely of raw but well-cured ham, at several times, about the first of May, except Mrs. Lansing, who ate of it rare or underdone, and in from two to five days all were taken sick with the following train of symptoms: nausea, vomiting and diarrhoea on the second day; tenderness of the abdomen, pain, soreness and debility of the muscles of the limbs on the third day, with œdema of the face; which continued four or five days and disappeared, as did the diarrhoea also, followed immediately by stiffness and soreness of both the upper and lower extremities, stiffness of the muscles of the jaw, tongue furred at first, which finally became dry and

brown, with a red border, itching at the nose, fever of a low typhoid character, pulse ranging from 100 to 120 per minute, great thirst, profuse sweating, wakefulness at night, excessive exhaustion, œdema of the feet and ankles, general soreness and stiffness of all the voluntary muscles, great difficulty in flexing or extending the limbs, and in some cases a complete inability to do so. Each case exhibited about the full train of symptoms enumerated; in some one symptom would be more marked, in another less, but generally the difference being merely in intensity, in proportion to the amount of meat eaten by each. Two cases, Mrs. Bemis and Henry, showed marked symptoms of pneumonia; especially in the latter was it very severe, respiration being 48 per minute, with copious brick-dust expectoration.

These symptoms continued to increase till about the last of May, when the four milder cases began to convalesce, the others still getting worse. On May 30th, Drs. H. Ristine and T. S. Bardwell were called in consultation, and after careful investigation diagnosed the disease as trichiniasis. Up to this time they had been treated for typhoid fever by the attending physician, it not being positively known before that the family had been eating raw pork. On June 1st Willie Lansing died, and the same evening a *post mortem* was held over the body, at which all the physicians of the place were present; the examination revealed nothing of an abnormal character, the viscera being quite normal. Portions of the biceps, rectus femoris, rectus abdominis and psoas magnus muscles were then removed for microscopic examination. By placing small particles of these muscles under the glass the parasites were seen in large numbers, and recognized as the trichinæ spiralis by all the physicians here and several from Cedar Rapids. In a portion of the rectus femoris, one-twelfth of an inch, 104 trichinæ were counted, making nearly 180,000 to the cubic inch. Portions of these muscles were also sent to Professors J. Adams Allen, J. W. Freer, Ephraim Ingals and De Laskie Miller, of the Rush Medical College, Chicago; Professor R. Ludlam,

of the Hahnemann Medical College, Chicago; Professor Austin Flint, of New York, and Asa Horr, M. D., of Dubuque, Iowa, for examination, from whom reports have been received, stating they found the true trichinæ spiralis, and estimate the number at 200,000 to the cubic inch. From the 1st of June I saw the remaining cases almost daily, and found them suffering with about the same symptoms above enumerated, which increased in intensity till death relieved the sufferers. The appetite was generally good, though all were greatly emaciated, the bowels became tympanitic, the urine scanty and high-colored, the muscles of the extremities were soft and flabby, and the skin had a peculiar dead feel; by drawing up a portion of it between the thumb and fingers it would remain so for some time. All were conscious of their true condition, yet their minds were calm, and all remained rational until the last, with the exception of Henry, when delirium set in a few hours before death, which occurred on the 2d, suffering to the last with pneumonic symptoms. No *post mortem* was made. On the 8th Albert Lansing died, but no *post mortem* was allowed in this case.

The elder Mr. Bemis had been in feeble health all winter, yet he lingered till the 15th, complaining of severe abdominal pains, tenderness and soreness of the muscles, which, in connection with the severe prostration, rendered him unable to change his position without assistance. A *post mortem* was made, and the subject carefully examined. No organic lesions were discovered, except a thickening of the coats of the bowels and an enlargement of the liver, which was also rather dark in color, with some slight peritoneal adhesions. Portions of muscles from various parts of the body were removed for microscopic examination, also portions of the heart, lungs, liver, spleen, kidneys, diaphragm and intestines. On examination all the muscles were found teeming with the parasites, the estimate being about the same as in the first case examined. Some were also found in the diaphragm, lungs and spleen, but none in the heart, liver, kidneys or

intestines. On the 17th Mrs. Bemis died, the pneumonic symptoms increasing to the last, and the breathing became so distressing that she had to be propped up in bed for relief. No *post mortem* of this case was permitted, which was very much regretted, as all were anxious to investigate the cause of those severe pneumonic symptoms. The remaining cases, Whitfield Bemis, Mrs. Lansing and her two girls, have all recovered, but convalescence was very slow, and not fully established till from six to eight weeks. Mr. Lansing (son-in-law of Mr. Bemis) ate of the same ham *well cooked*, and escaped the disease. None of the ham eaten by this family could be obtained for examination, as it was all used before the true character of the disease was known.

The other cases were six in number; children of M. C. Jordan, Wentworth Jordan, B. F. Jordan and the widow Dagget, ranging in age from seven to seventeen years. On the 22d of April all these children had congregated at the house of one of the Mr. Jordans, and while there had eaten pieces of raw meat from a ham lying cut on a table in the kitchen. On the 24th all but one were taken with diarrhœa, followed in two or three days with the other characteristic symptoms of the disease similar to those in town, though of a much milder form. In the other case, the oldest girl, aged seventeen, the symptoms were manifested in reversed order; soreness and lameness of the muscles on the second day, followed by the diarrhœa on the third. It being the habit with many here to treat all diseases with "a dose of physic," so it was in these cases, and on the first manifestation of the diarrhœa the usual dose of pills was given to all except the oldest girl, who came to town on a visit before the symptoms of the disease were manifested. Every one of the children who took the purgative had the disease in a mild form, though each experienced a regular succession of the symptoms of Trichiniasis.

About three weeks after the first appearance of the disease Dr. H. Ristine, of this place, was called, to whom I am indebted for the present history of cases, when all but two of

the patients were able to be about; in fact they had not been confined to their beds at any time. At this visit there was no pulmonary difficulty in any, and as the symptoms were rather peculiar, the Doctor attributed the cause to their having eaten something of a poisonous nature, and prescribed for them accordingly, directing the parents, in case the children did not improve, to send for him again. Nothing more was heard from these cases until about the first week in June, after the disclosures were made in the Bemis family, when Dr. Ristine was called to visit them. At this visit he found them all convalescent, except the oldest girl, who had been improving until within a few days, when she began to cough, which was hacking and frequent, with but little expectoration; respiration moderately increased, respiratory murmur a little rough, with a slight subcrepitant râle on both sides. The patient was emaciated, the lower extremities cedematous, and the muscles still painful. He at once suspected the true cause of the disease, and on inquiring whether the children had eaten any raw pork, the facts as stated above were disclosed. This patient has since recovered. None of the ham from which they had eaten was left, but the corresponding one from the same hog was examined, and found to contain an abundance of the trichinae cysts. Both of these hams were eaten by other members of the family and visitors after being cooked, without any injurious effects.

The pork eaten by the Bemis family was fattened by a son of Mr. Bemis living in the country, and cured for his own use, who afterwards presented one of the hams to his father. This son informed me that last fall his hogs had the hog-cholera, but this one, from which the ham used by his father was taken, he bought late in the fall, and he did not know that it ever had any disease, though "it did not feed well." He also informed me that he had a choice breeding sow that devoured her own young, and, being told to feed her with meat would destroy that propensity, he fed her a shoulder out of the same hog from which the infested ham had been

taken. This was fed to her from the 20th to the 25th of April, (before his father's family was taken sick,) and in two or three days she was taken with diarrhœa, which continued for a few days, and was followed by stiffness of the jaw and legs, difficulty in breathing or swallowing, and great emaciation; all symptoms of hog-cholera and similar to Trichiniasis. These symptoms continued to increase till the 3d of June, when she died. I then procured a portion of flesh from the ham of this hog, which was submitted to microscopic examination, and found filled with free, living *Trichinæ*. The Messrs. Jordans had hog-cholera among their hogs last fall, and lost a large number from the disease, but those killed and put up for family use were selected on account of their healthy appearance, and yet when the raw flesh was eaten it produced the disease. Hence the conclusions arrived at by the physicians here is that trichiniasis and hog-cholera are the same disease, and we are now engaged in the examination of cholera hogs and other experiments, to ascertain if our conclusions are correct, the result of which will be given at another time.

In the fresh muscles taken from those who recently died here with the disease, the trichinæ were found free among the muscular fibres, in coils of various shapes, and the majority in a dormant or quiet state, though many were seen in a state of activity, to coil and uncoil, and move from point to point in the field of the microscope, the latter motion being accomplished by short jerks or darts.

In the pork specimens taken from well-cured ham or other muscular portions of the animal, the majority were found encysted, though a few were seen free among the fibres.

Many are alarmed at the appearance of this disease amongst us, and great apprehension is felt in regard to the use of pork—some having discarded it altogether; but the evidence thus far elicited justifies the opinion that there is no cause for alarm, as the testimony is positive that the parasites are destroyed by thorough cooking. In all these cases the disease was only produced when the meat was eaten raw

or underdone; though portions of the same were eaten by others thoroughly cooked, and they escaped the disease.

In regard to the treatment, very little can be said, as it is acknowledged that there is no remedy known to destroy the parasites after they have reached the muscles, and in these cases the true character of the disease was not known until after that period, when the treatment as reported by Dr. Smith was "a sustaining course of tonics and alcoholic stimulants."

It is claimed by our old school brethren that an active cathartic is the remedy in the first stage of the disease, and if administered promptly will expel the parasites, or at least a large proportion of them, from the intestines, before they migrate to the muscles, thereby mitigating the severity of the disease; and the domestic treatment adopted by the Jordan families favors this supposition.

If called to a case in the first stage of the disease, that is while the worms are in the intestines, it is evidently sound treatment for us to treat them as we would any other foreign substance, and remove them if possible in the quickest and most effectual manner; and, if no other means presented, would resort to the active purgative, which, in my opinion, should be given prior to the third or fourth day, as it is evident the parasites must reach the muscles on the first appearance of the muscular pain and soreness.

The remaining typhoid symptoms should then be treated with Aconite, Gelseminum, Arsenic alb., Bryonia alb., Rhus tox., and such other remedies as are used in the various forms of typhoid fever, and, if pneumonic symptoms supervene, Phosphorus and Tartar emet., should not be forgotten. From what I have seen of the disease, I think alcoholic stimulants and a nutritious diet should not be overlooked, as the great object to be obtained is to keep up the failing strength of the patient until the parasites become encysted, when their ravages on the system are at an end, and if the patient has sufficient vitality left, recovery will then take place.

The exact period at which the parasites become encysted I am not yet fully able to determine, but suppose they begin about the sixth week, as a few cysts were found in the specimens taken from old Mr. Bemis, but none in the boy.

I have here given my views in regard to the treatment, and if any member has any thing different to offer I would be pleased to hear it, as I feel deeply interested on the subject, and would like to have the views of the Society in regard to it.

PATHOGENESIS OF PIPER CUBEBA, CUBEBS

BY DR. L. T. HOUAT, DE L'ILE DE LA REUNION.

Translated for the Hahnemannian Monthly,
from the Dispensaire Hahnemann.

The characteristic and general action of this substance on the organism is that of a burning and destructive rather than stimulating agent; and its curative properties correspond to its physiological effects.

It may be particularly compared with: *Ant. c.*, *Arn.*, *Argent.*, *Arsen.*, *Baryt.*, *Bell.*, *Brom.*, *Calc.*, *Capsic.*, *China*, *Chlor.*, *Copa.*, *Dulc.*, *Hepar*, *Jodi.*, *Creasote*, *Lach.*, *Merc.*, *Nit.*, *Acon.*, *Opi.*, *Puls.*, *Sep.*, *Sil.*, *Sulph.*, *Staph.*, *Thuja*, *Valer.*, —some of which may also serve as antidotes to it.

The following are the principal symptoms:

- . Nervous excitement, with great disposition to be frightened.
- . The least noise causes starting and trembling.
- . Great inquietude about the health and situation.
- . He seems to himself more ill than he really is; he believes himself very unhappy.
- 5. Want of decision and of will.
 - . Extreme indolence and indifference.
 - . Inability to do any thing.
 - . Intellectual weakness; frequent distraction, absence of mind.
 - . All his ideas are confused, and seem lost.
- 10. He is unable to find words with which to express himself.
 - . Propensity to debauchery and to all sorts of excesses.
 - . Indecency and shamelessness of thoughts, words and gestures, more especially towards evening.
 - . Attacks of foolish gayety and of great loquacity, or of speechlessness and tears; worse towards evening.
 - . Wantonness, with all sorts of bestial extravagance.

15. He is impatient, irritable; every thing exasperates him.
 - . He goes so far as to swear, to strike, to spit in people's faces, and even to bite himself.
 - . Furious madness, with malicious wickedness, breaking whatever is at hand, for the sake of doing mischief and of giving pain.
 - . Attacks of depression, of apathy, of insensibility; he is indifferent to every thing.
 - . A sensation of numbness, like cerebral intoxication.
20. Severe headache, with blind dizziness (*obnubilation*) and fear of falling.
 - . Heat and heaviness of the head, which seems as if crushed under weights which compel him to lean forward.
 - . Pressing and lancinating pains throughout the head, aggravated by heat and by touch.
 - . Pungent pains from the cerebellum to the forehead.
 - . Flashes of heat mounting to the head with a sort of electric vibration, which disturbs all his ideas.
25. Contractive pains in the brain, which extend to the muscles of the face.
 - . Osteocopous pains in the head, with sensation of swelling of the bones of the cranium.
 - . Burning, pulsative and cramp-like pains, commencing at the left occipital protuberance and descending to the nuchæ, with stiffness of the neck.
 - . Sensation of desiccation and aridity in different parts of the brain, with great weakness in the head, which droops from one side to the other and requires to be supported.
 - . All the pains of the head are worse when it is inclined to the right side.
30. They are at first relieved, but soon after aggravated by cold applications.
 - . Burning heat of the head; he cannot keep on his hat, even when in the cold.
 - . Hammering pains in the bones of the cranium, with pressure in the temples.
 - . Neuralgic pains all over the head,—extending into the face and causing grimaces.
 - . Pressing and lancinating cephalalgia, with general weakness, loss of thought and of consciousness; he recovers himself, only to fall into inquietude and anxiety full of despair.

35. Cephalalgia, with continued sleepiness, and yet inability to go to sleep.
- . Intolerable itching in the head, with ulcerations and burning.
 - . Pustules forming crusts upon the hairy scalp, like those of variola.
 - . The hair becomes blanched.
 - . Falling off of the hair, especially during the summer.
40. Heat and burning in the eyes, as if pepper were in them.
- . Considerable lachrymation, principally in the evening; in the morning on awaking, and in the open air.
 - . The eyes are inflamed; the sclerotica is injected with blood.
 - . Photophobia, with constant need to close the eyes to relieve the pain.
 - . At a little distance all objects appear confused and indistinct.
45. It is possible to distinguish only those objects which are near.
- . Shooting in the eyes, commencing in the external angles and traversing the whole globe, like arrows.
 - . The pupil is very much dilated, and presents a blanched appearance.
 - . Sensation as if ephidroses (*exsudats*, sweatings) were forming on the eye.
 - . Gradual weakening of the sight; strabismus.
50. Swelling, redness, ulceration, blearedness of the borders of the eyelids.
- . Painful and obstinate styes upon the eyes.
 - . Great heat in the ears.
 - . Intolerable pain in the left ear; sensation as of something ringing there.
 - . Sensation of numbness in the ears.
55. Words and sounds arrive there in confusion.
- . Frequent buzzings, which deafen.
 - . Great weakness of the hearing.
 - . Complete deafness; sometimes accompanied by purulent discharge.
 - . Ulcerations, scabs, fissures upon the pavilion of the ears, with suppuration and bleeding.
60. Ears swollen and covered with corroding ulcers.
- . Sensation of fulness and of compression in the nose.
 - . Obstinate stoppage of the nose, particularly in the evening; the voice becomes nasal.

- . Lancinating and gnawing pains in the nasal bones.
- . Nose red, swollen, very painful—the least touch occasions horrible pains, which extend into the brain.
- 65. Disagreeable dryness of the nose, impeding speech and hindering respiration.
- . Paralysis of the olfactory nerve.
- . Coryza, with mucous discharge—sometimes thin, at other times thick; burning in the throat and nostrils; clogging up (*embarras*) of the head and fever.
- . Ulcerations beneath the nose.
- . Fulness and pulsation in the nose, with epistaxis—especially in the afternoon—from movement and heat.
- 70. Discharge from the nose of a greenish-yellow matter, nasty, purulent, and always smelling offensively.
- . A great number of very painful little pimples in the nose.
- . Pustulous pimples upon the nose, red, hard, but rarely suppurating.
- . Face yellow, pale, gray,—with blue circle around the eyes.
- . The features drawn, the skin stretched and oily.
- 75. Abundant cold perspiration upon the face.
- . Cramp-like and lancinating pains in the muscles and bones of the face.
- . Osteocopous pains in the zygomatic arch; inflammation and swelling of the facial bones.
- . Great heat in the face and head, with red and burning cheeks, principally in the evening.
- . The skin of the face appears hard and very thick.
- 80. Eruption of miliary pimples, which prick the face like pins.
- . Many small black specks, which, upon pressure, start out, like worms, from the pores of the face.
- . Considerable eruption of pustulous *dartre*, principally upon the cheeks.
- . Phlyctenoid eruption upon the face and lips.
- . Inflamed herpes (*dartres vives*), crusty, suppurating—upon the forehead, the cheeks, under the nose and upon the chin.
- 85. Enormous swelling of the face.
- . Wrinkles and cracks in the skin of the face.
- . Lips swollen, thickened and everted.
- . Lips hard and stretched like parchment.
- . Phlyctænæ and ulcerations upon the lips.

- 90. Burning in the mouth as if it had alcohol.
 - . Sensation of erosion upon the tongue, the palate and walls of the cheeks.
 - . Burning eruption in the buccal cavity.
 - . Mouth dry, with constant taste of blood.
 - . Tongue swollen, heavy, parched; speech embarrassed.
- 95. Great salivation; slobbering on talking.
 - . Aphthæ and little gray ulcers in different parts of the mouth.
 - . Ulcerations and abscesses upon the gums.
 - . Bruised pain in the lower jaw, with sensation as if it were out of joint.
 - . The jaw is relaxed and hanging down.
- 100. Sensation of coldness in the teeth and at the same time of heat in the mouth.
 - . Lancinating and boring pains in the teeth, especially in the evening.
 - . The teeth separate from the gums and decay.
 - . Swelling of the submaxillary and cervical glands, which are hot and painful.
 - . Swelling and stiffness of the neck; the least movement causes pain, as of fracture and tearing.
- 105. Pulsative pains in the articulations of the neck.
 - . Neck enlarged, red, hard and very painful.
 - . Stiffness of the spine, which hinders him from leaning forward.
 - . Lancinating and burning pains through the course of the dorsal spine and lumbar region, which cause him to cry out with every movement; the pains are accompanied with distressing lassitude and weakness, and oftentimes with vertigo and fainting.
 - . Burning pains in the mammary glands.
- 110. Intolerable pruritus in the mammæ.
 - . Drying up of the milk in nurses.
 - . The mammæ become flabby and pendulous.
 - . Large abscess; erysipelas in the mammæ.
 - . Sensation of great heat in the neck.
- 115. Inflammation and swelling of the tonsils, with shooting, burning, pulsative pains radiating to every part of the neck.
 - . Congestion of blood to the head and neck, with strong pulsation of the arteries.
 - . Sensation of fulness and strangulation in the neck.
 - . Deglutition difficult and very painful,—water and food

often passing through the nose and into the larynx, causing cough with blood.

- . All the muscles of the throat seem paralyzed.
- 120. Abscess in the tonsils.
 - . Burning erythema, which changes to gray patches in the buccal cavity.
 - . Obstruction (*embarras*) of the throat from accumulations of viscid, purulent and often blackish mucus.
 - . Abundant flow of mucus from the bronchia, which accumulates in the throat and causes suffocation.
 - . *False membranes*, thick and dark, principally in the larynx.
- 125. Throat burning and contracted, with necessity of constant hawking and coughing; desires to take milk and warm drinks, especially such as cause perspiration.
 - . Respiration noisy and panting.
 - . Tubercles in the throat and larynx.
 - . Sensation as if the throat were full and choked up, with heaviness of the head and danger of suffocation.
 - . Cough, with coryza and hoarseness.
- 130. Voice harsh and wheezing.
 - . Quick, loud coughing, which continues until after the expulsion of masses of white mucus, principally in the morning and evening.
 - . Incessant *cough, bronchial*, aggravated in the evening by the heat and in the open air.
 - . Short and constant cough, as if from swallowing the wrong way.
 - . Barking, croupy cough, with sensation as of a foreign body in the larynx; throat dry and parched; respiration hurried and noisy; face red and pale by turns, shrunk or bloated; cephalalgia contractive and pressive, accompanied by drowsiness without sleep; skin moist, burning; pulse frequent and hard; uneasiness, anxiety; cannot remain quiet in bed; pricking in the legs; constant need to swallow the saliva to relieve the suffering in the throat and larynx; abundance of viscid mucus in the mouth; frequent attacks of nausea; desire for sour things, &c.
- 135. Harsh cough, which seems to tear and rupture the bronchia.
 - . Quick cough of long duration, with congestion of blood to the head, burning and tearing pains in the

- breast and spitting of blood, especially in the evening.
- . Hæmoptysis of black and decomposed blood.
- . Cough, with abundant, thick, acrid and bilious expectoration.
- . Cough, with expectoration of mucus, which is yellow, greenish, gray, rusty or streaked with blood.
- 140. Cough, especially in the morning or evening, from movement and from heat.
- . Expectoration always difficult and painful.
- . Sensation of cold in the breast and in the back after coughing.
- . Sensation as if there were a miliary eruption in the bronchia and upon the lungs.
- . Beating and shaking in the breast.
- 145. Inflammation and swelling in the lungs, as if from abscesses and tubercles.
- . Pain in the breast, especially during respiration, as if the lungs were perforated,—with painful lassitude and great weakness in the back.
- . After each coughing spell, great weakness and necessity of keeping very quiet.
- . Can lie only on the left side; other positions aggravate all the sufferings.
- . Stitches and shootings in the chest.
- 150. Sensation in respiring as if thousands of pins were pricking the lungs.
- . Desire to plunge into marshes full of mud and aquatic plants; longing to drink stagnant water, as if it would relieve the pain; great dryness of the mouth and of the tongue; very offensive-smelling breath; frequently the breath seems wanting in the lungs, so that the words cannot be brought forth (temporary loss of breath and of voice); constant cough; bad temper and discontent at seeing others in good health.
- . During and after the cough, cold sweat upon the breast and back; burning in the abdomen; respiration impeded, difficult, with crepitant râle.
- . Great fulness of the chest; dyspnœa and sense of suffocation.
- . Pain in the chest, principally on the right side.
- 155. Trembling and constriction of the heart (*angoisses au cœur*), with great disposition to weep.

- . The heart seems enlarged, full, obstructed, with shooting pains in the right side.
- . Sharp pains, as of rheumatism in the chest, with palpitations and sensation as if the heart were forcibly compressed.
- . Sensation of aneurismal distention of the heart; suffocating attacks, especially from heat and after sexual intercourse.
- . Sensation of enormous swelling of the heart, with pulsative and lancinating pains.
- 160. Cramps, which seem to surround the heart.
 - . Attacks of constriction of the heart, with loss of consciousness.
 - . The heart appears heavy and loaded, with slow and hard movement.
 - . Sensation of heat and burning in the heart.
 - . Accumulation of water around the heart.
- 165. Palpitation of the heart and great oppression, often after having eaten, when walking, going up stairs, or even from the least exertion.
 - . Pulse hard, hurried or slow.
 - . Every thing eaten appears insipid or too salt.
 - . Great hunger, which is appeased by the first mouthful, but which immediately returns, and is incapable of being satisfied.
 - . Intense hunger and thirst, or entire absence of both, with a sensation of great fulness in the stomach.
- 170. Desire for bloody viands and for milk.
 - . Taste generally sour, bitter, acrid, peppery, or insipid and of blood.
 - . Desire for delicacies, oranges and acid fruits.
 - . Craving for spirits, especially brandy.
 - . Unquenchable thirst, with a sensation of great dryness in the mouth, notwithstanding a sort of oily saliva with which it is constantly moistened.
- 175. Desire to eat fresh bread, garlic and onions.
 - . Frequent eructations of a disagreeable odor.
 - . Regurgitation of food and phlegm, especially in the morning and evening.
 - . Contractive pains in the stomach, with sensation of burning and of coldness.
 - . The stomach feels full and obstructed, with difficulty of breathing.

180. Sensation as of cold worms moving in the stomach and ascending to the throat, with desire to vomit.
- . Sensation as if the stomach were falling and dragging the oesophagus with it, with attacks of dry and noisy cough.
 - . Bad smell of the exhalations from the stomach.
 - . Throbbing, cramp-like and burning pains in the stomach, with sensation of acidity, of uneasiness, and of hunger.
 - . Burning, contraction and anxiety in the præcordia, extending even to the region of the liver.
185. Sensation of insupportable insipidity in the stomach and mouth, with frequent nausea and salivation.
- . Shooting and contracting pains in the stomach, which seems to turn upon itself.
 - . Sensation as if there were ulcers in the stomach, with pains which extend to the loins and become twisting.
 - . Achings of the stomach, with a desire to eat almonds and nuts.
 - . The stomach seems always to be distended and full of water.
190. Pains as from a contusion in the hepatic region, and, at the same time, lancinating pains of that portion of it which is adjacent to the stomach.
- . Sensation as of insects gnawing and cutting the walls of the stomach.
 - . Nearly all the gastric pains are accompanied with nausea.
 - . Bitter and acrid belchings, with heat and burning in the stomach and oesophagus.
 - . Nausea, with frequent and painful hiccough.
195. Vomiting of food, often a considerable time after having eaten.
- . Vomiting of matter and bile, or of brownish matter of a fetid odor.
 - . Vomiting of food mixed with blood; with lassitude, feebleness, disconcerted looks, jaw-bone hanging down, depression of spirits and delirium.
 - . Throbbing pains in the region of the liver, as if from an abscess or calculus.
 - . Inflammation and swelling of the liver, with contractive and distending pains extending into the stomach.
200. Cramps and sensation as of electrical shocks (pricks) in the hepatic region, extending to the back.

- . Great accumulation of bile in the stomach, causing repeated vomiting.
- . Cutting pains in the region of the spleen; spleen swollen and hard, or again thin and dried up.
- . Swelling of the abdomen, with hardness,—it is tympanitic and very tender to the touch, and of great sensibility.
- . Diarrhoea, with flatulency and involuntary stools.
- 205. Lancinating pains in the hypochondria, burning and heaviness in the abdomen,—must lie upon it.
- . Colic and cutting pains in the hypogastric region, passing to the kidneys; must move and walk; frequent and loud discharge of flatulence; abundant stool, loose, bilious, blackish, yellowish, and sometimes streaked with blood.
- . Diarrhoea of yellow, transparent matter, intermingled with whitish particles, with much colic and straining.
- . Stools of diarrhoeic and dysenteric nature, with abundant flow of blood and rapid loss of strength.
- . Rumbling in the bowels and a great deal of incarcerated flatulency and violent colic, which awakes him at night and forces him to leave the bed, where the pains are aggravated.
- 210. Small but frequent dysenteric stools, with colic and tenesmus.
- . Inflammation and swelling of the intestines, with constipation.
- . Sensation as if there were an itching eruption or worms in the intestines.
- . Swelling of the rectum, impeding defecation.
- . Distended and burning pains at the anus, as if from a foreign body.
- 215. Itching burning excoriations and excrescences at the anus.
- . Enlarged tumors at the anus.
- . Bleeding Hæmorrhoids, with discharge of blackish blood, or of yellowish and purulent matter.
- . A very great protrusion of the anus, having a deep red color.
- . Lassitude and weakness in the kidneys and loins, accompanied with burning and pricking pains, aggravated by the least motion of the legs.
- 220. Racking and dragging pains in the region of the kidneys.

- . Sensation as if one received cuts with a knife in the kidneys, with coldness and cramps in the stomach, cramping of the parts (*membres*, limbs?) and desire to urinate, but cannot.
- . Swelling and engorgement of the kidneys.
- . Throbbing and burning pains in the kidneys, as from a concretion or an abscess.
- . Bladder full and distended, with obstruction of the neck and ischury.
- 225. Urine loaded with gravel.
 - . Frequent urination, with scanty urine in slender jets, especially in the evening.
 - . Urine burning, turbid, thick and red.
 - . Urine bloody, or only containing some little streaks of blood.
 - . Bloody urine, especially after coition.
- 230. Nocturnal micturition, frequent.
 - . Urine frequent, abundant, diabetic,—with burning heat in the urethra, hypogastric region and the loins; mouth clammy, tongue dry and as if burned; intense thirst and a general wasting away.
 - . No erections; sensation as if the prepuce, glands and urethra had been scratched severely.
 - . Blennorrhagia, with great swelling of the penis, violent priapism; burning and cutting pains in the urethra, especially on urinating, discharge yellowish, greenish, turbid, deeply staining the linen,—sometimes it is mucous and clear; lassitude, hypochondria, laziness; indifference and irritation of the nerves.
 - . Ulcerations, tuberosities and varices in the urethra.
- 235. Periodical discharge of blood from the urethra.
 - . Priapism with incomplete erection.
 - . Pustulous pimples on the penis, which spread (eat) and suppurate.
 - . Ulcerations, fissures and small, cracked condylomata at the prepuce.
 - . Purulent secretion between the glands and prepuce.
- 240. Very offensive odor of the genital organs.
 - . Ulcers near the orifice of the penis, of a yellow color.
 - . Appearing of small, burning pimples and lice on the pubis.
 - . Swelling of the inguinal glands.
 - . Itching, burning, ulceration and scabs on the scrotum.

245. Burning pains in the testicles.
- . Slow and difficult ejaculation of semen.
 - . Frequent, copious and very debilitating nocturnal emissions.
 - . Headache, ophthalmia, feebleness and lassitude, particularly in the backbone, often accompanying the pains in the genital organs.
 - . Drawing pains in the region of the ovaries, as if something would drag it down.
250. Inflammation and swelling of the ovaries, with throbbing and lancinating pains, extending to the loins and groins.
- . A pricking and throbbing in the ovaries and womb, with heat and dryness in the throat and drawing in the breasts.
 - . Lancinating and cramp-like pains in the ovarian region, principally on the right side.
 - . *Womb swollen* and painful, as if from a tumor.
 - . Fissured and bleeding excrescences upon the os tinæ.
255. Vagina inflamed and burning.
- . An excessive desire for coition, especially before the menses.
 - . Menses retarded, suppressed.
 - . Menses sometimes too soon, often preceded and followed by leucorrhœa.
 - . Menses in small quantity and consisting mostly of leucorrhœa.
260. Menses too profuse; metrorrhagia.
- . Suppression of menses, with deafness.
 - . During menses,—headache, cough, affection of the throat, earache, borborygmus, flatulency, intestinal and uterine colic; must loosen the clothes around the waist; sensation of fatigue and lassitude in the kidneys and thighs; a constant desire for sleep; lockjaw; spasmodic contraction of the limbs; trembling and moving of the head from side to side.
 - . Leucorrhœa profuse, yellow, greenish, very acrid and of a very offensive odor.
 - . Erythema at the inner surface of the thighs and pruritus of the vulva, with an intense desire for coition.
265. Small burning pimples, phlyctænæ, ulcers like aphthæ and condylomata upon the vulva.
- . Insupportable itching and pricking over the whole body.

- . Unhealthy and irritable skin; the slightest rubbing inflames and excoriates it.
- . Skin red and burning, as if it had been rubbed, or white and pale in some places, and yellow and transparent (*diaphane*) in others.
- . Skin soft and very sensitive, or very hard, swardy (like hog's skin), and as if paralyzed.
- 270. Miliary, urticarial, vesicular and pustulous eruptions.
 - . Small, round pimples, which itch and burn like stings of insects.
 - . Large subcutaneous pimples, hard, very painful and rarely suppurating.
 - . Many furuncles.
 - . Tetters, fiery and furfuraceous.
- 275. Phlyctænæ; large spots of ulceration like burns, principally in very fleshy parts.
 - . Ulcers at the anus, whitish and corroding, with much suppuration.
 - . Red and bluish swellings at different parts of the body, as if from contusions.
 - . Very bad odor from the skin.
 - . Warts and callosities.
- 280. Great disposition to sleep as evening approaches.
 - . Inability to sleep when in bed.
 - . Sleepiness, with yawning, especially in the evening and after eating.
 - . Sleepiness, almost always accompanied with lascivious fancies.
 - . Tardy sleep.
- 285. Sleep heavy, with frequent and anxious awakenings.
 - . Sleep, with tossing about, incoherent words, and grinding of the teeth.
 - . Open and slobbering mouth when asleep; on awaking, drawing in the stomach, great appetite, fatigue and painful lassitude.
 - . Awaking too early.
 - . *Sleep comatose*, with weakness and heaviness.
- 290. Sleep very much disturbed, full of restlessness and pains.
 - . Sleeplessness for many nights.
 - . Frightful, and above all, voluptuous dreams.
 - . Confused dreams, of which one can recollect nothing on awaking.
 - . Dreams about wickedness and cruelty.

- 295. Dreams of the occupations of the day.
 - . Reveries without sleep.
 - . Fever, with heat in the head, particularly at the temples, dryness of the mouth, tickling at the tongue; must spit frequently.
 - . Corrosive heat and dryness over the whole body, excessive thirst, anorexia, insipid and sweetish taste; desire to drink wine and liquors.
 - . Palpitation of the heart, depression of spirits; anxiety, fear of death.
- 300. Heat with cold shivering, with partial perspiration.
 - . Inability to sleep, accompanied with a drowsiness interrupted by frequent startings, as if he were falling; inability to sleep in spite of all preparations to do so.
 - . General and debilitating sweat, which stains the linen yellow and appears to corrode the skin.
 - . Heaviness and constant giddiness.
 - . Delirium, lascivious words and thoughts and violent priapism.
- 305. Furious rage, desire to strike and to kill.
 - . Fever aggravated in the evening, at night, and in the morning when awaking.
 - . Pulse accelerated and hard, or slow and hard, intermittent, irregular, or imperceptible.
 - . Abnormal swelling of the arteries and veins.
 - . Constant sensation of numbness and intoxication.
- 310. A frequent cloudiness before the eyes, which makes one fear a fall.
 - . Great agitation and trembling, with heat in the head, with boiling blood, with cephalalgia and general perspiration, particularly in the evening, in the heat and on motion.
 - . Congestions of the blood.
 - . Hemorrhages.
 - . Blood black, thick and rich, or watery and pale.
- 315. A state of fatigue and exhaustion, as from excessive coition.
 - . Excessive painful lassitude.
 - . Attacks of anxiety, suffocation and fainting.
 - . Extreme feebleness and malaise, especially before eating.
 - . Marasmus.
- 320. Prostration of all the physical and moral powers.

- . Cramps and convulsions often accompanied by tetanic stiffness.
- . Frequent numbness of the limbs.
- . Partial paralysis.
- . Pains in the bones.
- 325. Inflammation, swelling and suppuration of the bones.
 - . Great liability of the bones to become disjoined as well as to break.
 - . Rheumatic and gouty pains.
 - . Pains ordinarily arising from the right side, then becoming permanent on the left.
 - . Aggravation of pains in the evening, at night in bed, in the morning when awaking, also from the wind, damp air, motion or too long sleep, and sometimes from heat.
- 330. Pains—burning, lancinating and tensive in all the joints.
 - . Violent pains in the limbs, as if they would become disjoined.
 - . Every change of position increases the pains.
 - . Tearing pains in the right arm and left leg.
 - . Contractions of the shoulders which force them backwards.
- 335. Sensation as if the shoulders would fall from the body.
 - . Cramp-like pains in the shoulders, which extend to the muscles of the neck.
 - . Burning pains in the arms when at rest, and lancinating when they are in motion.
 - . Sensation of burning heat between the bones and muscles of the arm.
 - . Smarting, throbbing and drawing pains in the joints of the arm, with cramps; must twist them.
- 340. Cutting and lancinating pains, traversing the shoulder from below upward, like cuts from penknives.
 - . Pains of contusion in several places of the arm, as if beaten.
 - . Swelling of the arm, with a sensation of numbness and throbbing pains.
 - . Contraction and stiffness of the hands.
 - . Paralytic weakness of the arms.
- 345. Great awkwardness of the hands.
 - . Vesicular eruptions, very itching, on the arms and hands.
 - . Ringworms—scaly, causing itching and burning on the arm.

- . Miliary eruptions, smarting much, on the hands.
- . Inflammation and swelling of the joints of the wrist and fingers.
- 350. Ulceration and rhagades on the hands.
 - . Great tension of the skin of the arms and hands.
 - . Gouty swellings on the fingers.
 - . Felon. (Panaris.)
 - . Frequent numbness of the fingers.
- 355. Drawing pains in the legs, with contraction and rigidity of the tendons.
 - . Cramp-like and sharp pains in the hip, also in the whole leg.
 - . Edematous swelling of the legs, with a sensation as if the blood no longer circulated there.
 - . Heaviness and great weakness of the legs, cannot walk.
 - . Cramps in the legs, principally in the calf, especially during, and immediately after, coition.
- 360. Pains of bruises and crushings in the joints of the legs.
 - . Sensation as if the joints of the knee were cut and broken, with very painful cramps.
 - . Sensation as if a bar of iron were inserted in the leg, from the hip to the popliteal space.
 - . Sharp rheumatic pains in the legs.
 - . Furuncles and inflammatory tumors upon the thighs.
- 365. Paralytic weakness of the legs.
 - . He does not know how to direct his legs in walking; he strikes them against each other and stumbles every moment.
 - . Ulcers of a syphilitic appearance, with raised edges, gnawing and suppurating upon the inferior limbs.
 - . Inflammation and swelling of the tibia, with abscess and profuse suppuration.
 - . Miliary eruption upon the legs.
- 370. Throbbing and lancinating pains in the heels.
 - . Swelling of the ankle-bones with insupportable pains and impossibility of moving the feet.
 - . Hammering pains on the ankle.
 - . Inflammatory swelling of the bones of the foot and toes.
 - . Pains in the angles of the feet, as if they were lifted and drawn out.

THERAPEUTICAL APPLICATION.

From what has been said *Piper cubeba* may be regarded as a mercurial element under a vegetable form; it has almost all the symptoms of mercury, besides many others peculiar to itself, and the morbid states and conditions in which it may be advantageously employed as a curative agent, are very nearly the same as those which call for the exhibition of mercury, namely:

Alteration of the blood as through overheating; lymphatic and serous overgrowth; various inflammations; sanguineous congestions; passive hemorrhage; sufferings from a cold, principally in the cold air of the evening and the moist air; rheumatism and gout, with inflammatory swelling; chlorosis; anæmia, cacochymia and rickets; cachexy scrofulous, venereal, cancerous, hydropic and diphtheritic; sufferings from the abuse of quinine, sulphur, wine and narcotics; consequences of sexual excesses and onanism; attacks of convulsions and tetanus; weakness of the intellectual faculties; madness, idiocy; satyriasis; affections of the bones and joints; rheumatic cephalalgia; cephalalgia with narcotism; cerebral congestion; pains of the bones of the head; cephalalgia with stupor and fainting; apoplexy; yellow scurfs on the head; growing gray and loss of hair, especially in summer; ophthalmia, scrofulous, rheumatic, catarrhal and syphilitic; ulcers of the cornea, pearls or webs of the eye, and cataracts; amblyopia; strabismus; amaurosis; blepharitis, winking of the eyelids; otitis; otalgia; hard hearing; deafness, accompanied with a purulent discharge; otorrhœa; crusts and ulcers spreading in the ears; caries of the nose-bones; ozæna; dry and fluent coryza; anosmia; red swelling of the nose; epistaxis, particularly of a warm evening and from motion; urticarial, phlyctenoid and impetiginous eruptions upon the face; various forms of acne; serpiginous tetter on various parts of the face; wrinkles and cracks of the face; aching

of the bones, and neuralgia, of the face; inflammation and swelling of the bones of the face; rheumatic prosopalgia and odontalgia with fluxion, difficult dentition; affections of the gums; looseness, loss or decay of teeth; stammering speech, easy disarticulation of the jaw-bone; stomacace; aphthæ; muguet; glossitis; ptyalism; inflammation of the tonsils; pharynx and palate; croup; diphtheritis; pulmonary catarrhs; hoarseness; grippe; pneumonia; tubercular phthisis; hæmoptysis; hydrothorax; rheumatic carditis; aneurism of the heart; mucous, gastric and bilious affections; cholérine; hæmatemesis and melæna; hepatitis; abscess and swelling of the liver; icterus; splenitis; mucous and bilious diarrhœa; dysentery; tympanitis; ascarides, lumbricoides and tænia; enteritis; peritonitis; swelling and prolapse of the rectum; obstinate constipation; fig-warts about the anus; flowing hemorrhoids; kidney affections; renal, vesical and urethric ischuria; hæmaturia; diabetes mellitus; albuminuria; blennorrhagia; gonorrhœa; balanitis; gravel; syphilitic nodes; orchitis; pediculus pubis; chancres and buboes; ulcerations and scabs upon the scrotum; inflammation and hypertrophy of the ovaries; sterility; metritis; polypus-like tumors in the uterus; excrescences upon the os tincæ and vulva; vaginitis; dysmenorrhœa; leucorrhœa; inflammation and swelling of the mammary glands; erysipelas and abscess of the breast; drying up of the milk of nurses; inflammation and suppuration of the glands; miliary, urticarial, vesicular, pustulous and tubercular eruptions; furuncles and anthrax; tetter of different kinds; syphilitic ulcers; suppurating ulcerations as from burns; inflammatory tumors, with disposition to gangrene, erysipelas; scarlatina; small pox, warts and callosities; inflammatory fevers, with a disposition to perspire abundantly; typhoid fevers; fever with erotomania or furious delirium; obstinate sleepiness; sleeplessness for several nights; tophaceous concretions; coxalgia; paronychia.

PETERS REDIVIVUS.

BY ROBERT J. M'CLATCHEY, M. D.

"Meditor esse affabilis."—TER.

Dr. Jno. C. Peters, of New York,—who in 1861 “renounced” Homœopathy amid a great flourish of trumpets,—is the author of a work entitled “A Treatise on the Origin, Nature, Prevention, and Treatment of Asiatic Cholera.” Whether the disease be contagious or not, the itch of writing about it seems to have been so; and if this work should prove to be the last issue of the season, persecuted Allopathists will have an opportunity to consider the matter, and decide as to the best course of treatment to be pursued before the advent of the next epidemic.

The mere fact that Dr. Peters has written a book is no cause for surprise. That mountain has been in labor before, and we are all acquainted with each *ridiculus mus*. As he takes occasion, however, in this last production to “have his fling” at Homœopathy, we need offer no apology for our notice of the work.

The editor of the Medical and Surgical Reporter of Philadelphia, in his notice of the book, says: “Its interest is much increased by the fact that its author was formerly a leading Homœopathic practitioner of New York, but several years since renounced that system, and is now acknowledged by the profession as a regular practitioner.”

The editor of the Reporter is welcome to sing Jubilate if it so pleases him, but we object to the manner of his song. Dr. Peters was not a “leading Homœopathic physician of New York;” and that he was not a Homœopathist at all needs no further demonstration than may be had from his pseudo-Homœopathic compilations. He certainly did not “renounce that system.” He cannot be said to have de-

served his colors, for he showed all colors upon occasion, and thought to trim between the two camps, until, finding himself distrusted in both—*sum cuique*—and lo! he has enlisted with the “regulars,” and “would boast among his fellows” —by his denunciations of Homœopathy—“I too have murdered a Peruvian.” It must be very soothing to the Doctor’s soul to find that, after being tossed about by every wind of doctrine, he has found “home and a sweet kiss,” and is at last “acknowledged,” and by “the profession,” too, as a “regular practitioner.”

Of the general character of the book little need be said. It is written after the author’s usual style, and is as neat a piece of literary journey work as any of its Homœopathic predecessors. A variety of stones from various quarries are laid on top of each other, with here and there a trowel of mortar spread in by way of cement. If by his works we are to judge, there seems to be

“Little original in him,
Excepting original sin.”

In his preface, however, he very properly “puts in no claim for great originality,” which naturally prompts one to ask, why then was this book written? Particularly as its author disclaims any “inclination to hurry the completion of his little treatise, in order to profit by the excitement of the times.” It does not seem to be a necessity that a man should rush into print with his “little treatises,” unless he have something to say.

The book begins, as the author alleges did cholera, at that bugaboo of a place, “The Delta of the Ganges,” and at this point the Doctor plunges into a sea of quotations that have been bandied about by writers on cholera, and their authors pitted against each other to prove this, that or any other theory. This is the Allopathic forte, and it does these things very handsomely. Theory is piled upon theory, hypothesis upon hypothesis, every thing is attended to excepting the curative virtues of medicines, and thus the “Temple of

Medicine," that celebrated structure that learned professors tell of in introductions, is reared; imposing to the eye 'tis true, but so shaky at the foundation as to be, while yet a building, toppling and ready to fall. Dr. Peters is now a priest in this temple, and has officiated in his turn. We do not object to his theory; it is as good as any other, and perhaps correct. It is the one great resource of his school, having no fixed principle of therapeutics, thus to speculate on the origin of diseases, but it does not alleviate a single pang. Let us congratulate ourselves, however, that eclipse is not the going out of the sun, and, although, "the burning of a little straw may hide the stars in the sky, the stars are there and will reappear."

It is with the author's attempts to bring Homœopathy into ill repute, however, that we have to do, and he does not lose many opportunities for reviling "that system," and its practitioners. It is well known that his love for Homœopathy was at no time great, but having been admitted to fellowship in the old school, he deemed it becoming to prove his sincerity to his newly-found friends by some doughty deed, and so he runs a tilt at things Homœopathic. It is proposed to examine some of the paragraphs referring to Homœopathy in order to show the animus of the Doctor, and the weakly nature of his attacks, and we shall endeavor to be as brief as the occasion demands.

On page 160 he says: "In Ruckert's Clinique, or collection of all Homœopathic cures which have been reported in, or translated into, the German language, from 1822 to 1850, we find that the Homœopathists depended upon thirty-five remedies in the treatment of cholera. Twenty-two of these are not Homœopathic in any sense, viz."—here follows a list of the faithless twenty-two—"Most of these have been faithfully tried in the regular school, with what success the preceding pages will testify. With the peculiarly Homœopathic remedies, viz., Tartar-emetic, Croton oil and Elaterium, the regular school have made more experiments than the Homœopathists themselves."

The Doctor still clings to his old friend Ruckert, as though he knew of no other Homœopathic authority. Does he mean to object to the Homœopaths "depending upon thirty-two remedies in the treatment of cholera," when he recommends in his "little treatise" for prodromic diarrhoea alone thirty-four different prescriptions, beginning with equal parts of ginger tea and common sense, and ending with a mixture of sugar, bismuth, chalk, and cinnamon? But "twenty-two of these are not Homœopathic in any sense." There is but one sense in which a drug can be Homœopathic to a disease, and that is the Homœopathic sense. If therapeutics be the art of interpreting and prescribing in accordance with the morbid indications, and the Homœopathic formula, *similia similibus curantur*, is regarded as a general formula, expressing the relation of the symptoms of a disease to the positive effects of a drug,—and this constitutes Homœopathic therapeutics, Dr. Peters,—it is absurd to say that Arsenic, Camphor, Cuprum, Ipecac., Secale, etc., are not "Homœopathic in any sense." If the morbid indications had not pointed to their known and positive effects they would not have been prescribed as Homœopathic remedies, and it has been in the daily experience of Homœopaths in this city and elsewhere during the past summer, that they were Homœopathic to the morbid indications of the prevailing epidemic, and curative.

Does Dr. Peters demand that a drug, to be Homœopathic to a disease, should produce phenomena identical with those of that disease? If this be his idea of Homœopathy, his attacks on "that system" are a satire on something else; a man of straw of his own formation.

That the "twenty two" are not Homœopathic, because "they have been faithfully tried by the regular school," and with such success as the "preceding pages will testify," seems to be a *non sequitur*. Homœopathy is not to be held responsible for the failures of Allopathy. If their system of therapeutics is founded upon a tissue of experimentation, surely we are not to be blamed if their experiments do not succeed.

In regard to Tartar-emetic, Croton oil, and Elaterium, which the Doctor pronounces "peculiarly Homœopathic," he avers that the "regular school have made more experiments than the Homœopathists themselves." This is doubtless true, and many a poor patient could a tale unfold, if they had the privilege accorded to the ghost in Hamlet, as to the virtues of these in experimenting "regular" hands. Unfortunately, however, experiments are made upon the sick, and the medicines given in such doses as to render it impossible to tell the effects of one from the other. Hear how highly Bichat prizes "regular" therapeutics. "An incoherent agglomeration of incoherent opinions, our materia medica is, of all physiological sciences, the one where the aberrations of the human mind are most strikingly depicted. It is a shapeless assemblage of inaccurate ideas, of observations that are frequently puerile, of illusory means of cures, of formulas that are as strangely conceived as they are pompously put together."

The Doctor now proceeds to explain how that Fleischman and Rummell say that Cuprum is not useful against the cramps,—if Fleischman and Rummell say that, they tell stories,—and that Arsenic, Phosph., Secale, Rhus being, according to "regular" notions, tonic, astringent, styptic, are non-homœopathic. Here the line of argument becomes obscure. Either Dr. Peters means that Homœopathists use these remedies successfully, and that they are successful because of the properties claimed for them by Allopathy, or that they cannot be Homœopathic, because of those so-called properties. If he means to assert the first of these propositions he surely knows that pure Homœopathists do not prescribe drugs in quantities sufficient to produce "tonic," "astringent," "styptic" effects. If the last, to that we can only say he is wearing now intensely Allopathic spectacles, and that they are not too clear.

The Doctor further remarks: "It is fair to assume that all the so-called cures of cholera, with Homœopathic doses of Allopathic remedies, were merely recoveries." This is a queer paragraph. It is not surprising that Dr. Peters' mind

is tinctured with medical infidelity, but it is not fair to assume any thing of the sort. The cures may be said to be *propter* as well as *post hoc*, with the same *degree of certainty* as may be alleged of any other recovery from disease, and this the Doctor knows full well. In every epidemic of cholera, since the advent of Homœopathy, the followers of Hahnemann have cured their patients, to say the least, as often as "regulars" have. Is it not the malignancy of the apostate that induces Dr. Peters to sneer at Rubini and make his silly jest on his statement that "he treated five hundred and ninety-two cases without a single death." Is he unworthy belief, simply because he is a Homœopathist? Does the Doctor think so meanly of the honorable gentlemen in New York with whom he formerly associated? Surely he is not in a "heavenly frame." *Facilis descensus Averni.*

Again, there are no "Homœopathic doses." Some Homœopaths use highly attenuated medicines, while others use medicines not highly attenuated at all. The question of dose is still an open one, and has nothing to do with the law of the similars, being simply a matter of experience. We deny also that there are "Allopathic remedies." "In poison there is physic," and the good God who gives us the Good Physician for the sin-sick soul, gives us, *all of us*, remedies for the inheritance of sin, our bodily ills.

Finally, Dr. Peters says: "We are not in want of remedies against diarrhoea and simple cholera. It is in the algid, ataxic and full collapse cases that help is required." He avers that Homœopathy is here powerless, and quotes Fleischman and Tessier,—men who were just emerging from the "blackness of darkness" into the glorious light of Homœopathy,—to prove his statements. Now we do not mean to deny that the majority of collapsed cases die, but if Dr. Peters and the other "regulars" were not without remedies for simple cholera there would be fewer cases of collapse. This is the fact under Homœopathic treatment. Collapse is a stage, and the last stage of the disease. Why not arrest it before it goes thus far, most potential regulars, with your remedies

for simple cholera? and then, if patients die because you are not called in time, it will be none of your fault. There are on record many cases of collapsed cholera cured by medicines homœopathically administered, where signs of recovery so followed the administration of the medicine as to leave no reasonable ground for doubt that it was a consequence of that administering; and the experience of every Homœopathic physician will endorse this assertion. What, on the contrary, is the record of the other side. We quote from Dr. Peters' book. "Houston asks, when the patient reaches a state of profound collapse, does any thing remain to be done—can the resources of our art furnish any relief? He feels constrained to give a negative reply. Many have recovered from this algid state, but, under his observation, a larger portion recovered of those who were left to the efforts of nature than of those who were actively treated." Bowerbank says: "In the prisons and hospitals of Jamaica, when the patients refused to submit to treatment, or to take the medicines ordered"—knowing patients, 'who rather choose to bear the ills they have, than fly to others that they know not of'—"the rule was to put the mattress on the floor and to lay the patient there, placing by his side a bucket filled with ice water, and a tin pannikin: the majority of those left to their own resources got well." "Dr. Hutchinson has seen a number of patients who, left to themselves, went through the collapse and reacted without any treatment." Thus, then, it appears that no treatment is better in collapse than "regular" treatment. Rather a bad state of affairs for "scientific medicine." Nature repudiates her would-be assistants and demands to be freed from their over-officiousness.

Sneer at Homœopathy, Dr. Peters, but advise your regular friends to inquire into it. It has always and will always stand the test of experimentation, and only demands that a fair test may be applied. If, however, you are "joined to your idols," take then the advice of wise old Quarles:—

"Hold thy hand! health's dear maintainer,
Life perchance may burn the stronger:
Having substance to maintain her,
The untouched may last the longer.
When the Artist goes about
To redress her flame, I doubt
Oftentimes he snuffs it out."

CALCAREA CARBONICA IN NERVOUS AFFECTIONS OF THE EAR.

BY R. C. SMEDLEY, M. D., WEST CHESTER, PA.

On the 12th of May, 1864, E. V. G. applied to me for a deafness and peculiar clicking or cracking in the right ear, which had been troubling him for nearly two weeks. It had increased in severity so much as to be very annoying. It could be heard distinctly across the room. There was no dryness of the ear, and the secretions appeared normal. He complained of no other symptoms than those mentioned. Gave Calc. Carb.⁹ Saw him five days after. There was slight improvement. Gave then Calc. Carb.²⁰⁰ In a few days the symptoms were removed, and he has never been afflicted in that way since.

D. E. called at my office about three months ago, with a singular feeling of numbness of one ear, and side of the head. He complained of no noises in the head, but of deafness and a stoppage of the ear. He feared there was setting in a paralytic condition of the auditory nerve. I gave him a few doses of Calc. Carb.²⁰⁰, to be taken at intervals of forty-eight hours. Saw him about ten weeks after, when he told me that in three or four days, his hearing became better, the unpleasant sensations were removed, the ear became moist, and a small portion of wax was removed, since which time he has been perfectly well.

On September 5th, of the present year, I was called on by J. H., for deafness of the right ear, with a constant humming and buzzing as of insects, mingled with a sound like the roaring of water. There was a fulness of the head with much dizziness. Gave a few powders of Calc. Carb.²⁰⁰, one to be taken each night till better. Saw him in two weeks after, when he told me that the medicine I gave, "acted like magic." In twenty-four hours the noise had nearly ceased, dizziness had left, and the hearing was improved. In a few days he was entirely well. He told me also that he had long been afflicted with cramps in the calves, often waking him two or three times during the night, but since he commenced taking the medicine they had ceased, except some slight contractions a few times.

I have used, for similar affections or pulsations of the ear, Phosphorus and Pulsatilla, with good effects. In those cases the higher dilutions have served me better than the low.

HOMŒOPATHIC MEDICAL SOCIETY OF
PHILADELPHIA.

September 20, 1866.

A meeting of this Society was held at the College Building. In the absence of Dr. Gardner, Dr. O. B. Gause, Vice-President, took the chair. The minutes of the last meeting were read and approved.

The Cholera Committee reported that they had had printed and distributed a number of headings for a petition to the Board of Health, a number of which had been signed and were thereupon presented to the Society, inasmuch as it had been found unnecessary to proceed further, and requesting that the signatures might be retained by the Secretary for future use, if needed, which was so ordered.

Prof. Geo. F. Foote and Dr. N. May, of Holmesburg, were proposed for membership and were unanimously elected.

Sundry bills presented by the Secretary were ordered to be paid.

Dr. RICHARD KOCH then read an exceedingly interesting account of a case of Poisoning by Belladonna, successfully treated with opium. (This article appeared in the November number of the *Hahnemannian*.)

Dr. WILLIAMSON related a similar case where the symptoms were not nearly so intense, and were located principally in the eyeball, with complete loss of vision. *Spigelia* and *Stramonium* relieved the symptoms in a few days, and in a few weeks the patient got well.

Dr. LIPPE related a case where convulsions were produced in a child from Belladonna, administered in Scarlatina, by an Allopathic Physician. *Chamomilla* 200 relieved the immediate symptoms, but the case becoming chronic, was under treatment for two years, and finally cured by *Hyoscinamus*. Also a case of poisoning by Opium administered for diarrhoea. There was constant oozing from the rectum, cold, clammy surface, small pulse; the case had been pronounced hopeless. *Mur. acid* 200 was given in water every two hours, for three days, when improvement set in.

Dr. STARKEY described a case in which a woman took large doses of Bell. during pregnancy, and her child's right arm was atrophied; there was complete inefficiency of the flexors of the thumb, and an inability to use the hand.

Dr. C. A. LEECH then read an interesting paper on Tracheotomy. (This paper will be found complete in the November number.)

Dr. R. KOCH followed in some remarks illustrating why physicians are averse to the operation.

Dr. FROST thought Tracheotomy inadvisable, particularly in Diphtheria, and that this is the opinion of one of our most eminent surgeons.

Dr. MORGAN took exception to Dr. Leech's medical treatment in this case, alleging that he (Dr. L.) had not paid due regard to the Homœopathic law in selecting his remedies.

Dr. LEECH replied that he had considered the therapeutic indications of the medicines before prescribing them. He instanced the case as showing the superiority of the treatment in bringing about a successful terminus to the operation.

Dr. GAUSE spoke of the impossibility of obtaining symptoms from young children, in many cases, that should be *key-notes* to the selection of a remedy.

Dr. LIPPE thought the indications were generally very plain in children, those obvious to sight and touch being sufficient.

Dr. WILLIAMSON disapproved of the operation. In thirty years practice he had operated twice, both times with fatal result. The doctor thought he could obtain symptoms as well from children as from adults. He looked for three sets, viz., related by the patient, observed by himself,

and obtained from surrounding friends; and he endeavored to make one set corroborate the other, as he thought patients had a tendency to deceive the physician.

Dr. LIPPE related a case of croup, in which an eminent Allopathic physician decided that Tracheotomy must be resorted to to save life; the Homœopathic physicians, subsequently called, decided to give Belladonna. The 2000 Jenichen was given, and the next day the child was convalescent. Adjourned.

October 18, 1866.

At this meeting Dr. Gardner presided. The minutes of the preceding meeting were read and approved. Committee on Cholera reported that, "although there had been an increase in the number of cholera cases throughout the city since the last meeting, still the increase had not demanded the establishment of Cholera Hospitals or the appointment of Cholera Physicians by the city authorities, and as a consequence the committee had taken no further action."

Dr. JEANES asked whether any member regarded oysters as a cause of the increase of cholera cases. He had observed it in this and previous years.

Dr. WILLIAMSON said, that in a majority of the cases of cholera morbus that came under his care, the disease followed a meal of oysters. He instanced a number of articles of food he regarded as dangerous in cholera seasons, particularly in persons suffering from choleric or diarrhœa. Oysters, eggs, cabbage, and egg-plants materially aggravate the symptoms.

Dr. GAUSE thought much depended on the manner in which they were cooked. He observed that "raw oysters" more frequently aggravated diarrhœa than did cooked ones.

Dr. WILLIAMSON averred that albuminous articles of diet should be but slightly cooked, whereas the reverse is true in regard to farinaceous food. It is a great error to cook infants' farinaceous food in milk.

Dr. WILLIAMSON then read an elaborately prepared and valuable paper on Intermittent Fevers, their cause, phenomena, and treatment.

Dr. KOCH referred to the pretended discovery by Saulsbury of the cause of malarial intermittents, in a cryptogamous growth.

Dr. JACOB JEANES thought it was not well to run off into hypothesis in regard to the origin of diseases. It was better to look to the practical, whereby patients might be benefited. There has been a great number of theories advanced to account for these fevers, and each had in turn been controverted by the adherents of the others. It is useless to argue about the supposed origin of this or that disease. Facts upset all theories, and the laws of nature are the only facts; if these cannot be observed hypotheses are of but little value. We should turn our attention to the practical treatment of diseases. He had had brilliant cures and lamentable failures as well, and he desired to have as much practical information as possible. He thought the great object should be to get the proper similitum for our cases. He regarded the law of the similars as a great and good law, the best he knew of, and for that reason he followed it; but he was unwilling, as a philosopher, to regard it as the only law. The Doctor then touched on the psoral theory, and argued that Hahnemann was therein in error, and that there are many causes of chronic diseases apart from psora, syphilis, or sycois. He thought Hahnemann was a great generalizer, and that sometimes he discovered great and valuable truths while searching for something else.

Dr. LEECH quoted from Raspail's Chemistry, showing the gaseous nature of malaria, while Dr. Morgan thought its origin might be traced to the exhalations of normal vegetable growths. Adjourned.

ROBT. J. McCLATCHEY, *Secretary.*

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INTERMITTENT FEVER.

Read before the Homœopathic Medical Society of the County of Philadelphia.
October 18th, 1866.

BY W. WILLIAMSON, M. D.

Fevers arising from intestinal irritation, from teething, as well as from traumatic and other similar causes, may take the intermittent form. Rheumatic fever also frequently assumes the intermittent type, with, however, very irregular paroxysms.

The paroxysms of hectic fever more closely resemble the appearance in its visible features of the disease of which it is proposed to speak in this report, than either of the above mentioned. Upon the correct diagnosis of the physician between *hectic*, the chill, fever, and perspiration, arising from irritation of the lungs, and malarious *intermittent fever*, may hang the fate of the unfortunate patient who happens to be afflicted with incipient phthisis. Where hectic does not come on until a later stage in diseases of the lungs, the true nature of the affection is easily discovered. The form of fever which arises from the influence of malaria is the subject of this report.

In introducing the subject of intermittent fever, I would premise that I do not design to write an exhaustive monograph

on the disease, the mere reading of which would consume all the time allotted to the consideration of reports by the Society, and thus frustrate one of the chief objects of our coming together, viz., the suggestion of topics for discussion, in order to bring about an interchange of views on subjects connected with our profession,—a kind of reunion, both socially and practically useful.

Enough of the symptoms and peculiarities will be recited, however, to enable us to recognize the disease in its bearings upon health, and to suggest the appropriate course of treatment.

Intermittent fevers are known by the recurrence of paroxysms, consisting, in most instances, of a cold, hot, and sweating stage, of various lengths, in succession, followed by an intermission of longer or shorter duration, called *apyrexia*.

According to Cullen, the great nosologist, there are three genera or types of intermittent fevers, each genus or type consisting of several varieties:

1st. *The Quotidian*, in which the paroxysms return once in about twenty-four hours, generally beginning with irregular symptoms, and a moderate amount of chilliness in the afternoon, followed by some fever and more or less perspiration. At each return of the paroxysm, the symptoms strengthen, the stages become more distinct, and frequently anticipate the former one an hour or two, until the disease becomes fully developed, with the paroxysm commencing in the morning.

2d. *The Tertian*.—The paroxysms of this type occur once in forty-eight hours, are generally fully developed about the middle of the day, and are apt to return each time at about the same hour, or they may anticipate or postpone the time by an hour or two hours.

3d. *The Quartan*.—In this type of the disease, the paroxysm returns once in seventy-two hours, and perhaps oftener occur late in the afternoon and evening than either of the other forms of intermittent fever.

Besides the regular phases of the disease above named, we occasionally observe the following varieties, viz.: an irregular quotidian, the paroxysms of which return at uncertain times within the twenty-four hours.

The double tertian, having a paroxysm every day, but the paroxysms of *alternate days* are dissimilar to each other, both as to time of occurrence and symptoms, and yet the paroxysms occurring forty-eight hours apart are like each other. A triple tertian has also been observed, having two paroxysms on one day and one on the next.

The same varieties of the quartan type, viz., the double and triple, have been noticed by some physicians.

Quotidian and tertian agues prevail most in the spring of the year, and are then called Vernal intermittents, while the tertian and quartan occur most frequently in the autumn, and are then called Autumnal intermittents.

Vernal intermittents are easier to cure than Autumnal intermittents.

The tertian form is by many considered the most manageable, probably for the reason that Cinchona and its various preparations are best adapted to the treatment of that type, and that the longer interval between the paroxysms affords a better opportunity for the medicine to regulate the forces of the system.

The tertian has generally the longest hot state, and the quartan the longest cold stage.

Quotidian and tertian fevers sometimes run down into remittent and continued fever; and, vice versa, continued and remittent forms of fever sometimes run out into intermittents, a circumstance of favorable indication for the patient.

SYMPTOMS.

The Cold Stage is generally preceded by aching of the bones, with a sense of languor and indisposition to move, aversion to food, pallor of the face, followed by yawning and stretching, blueness of the nails, contraction of the

features, coldness of the extremities; creeping sensations wander about over the surface, shuddering spells, chills run up the back, until the coldness extends to the whole system, and general rigors set in; in most cases with pains in the head, back, limbs and epigastrium, impeded respiration, inspirations short and frequent, pulse small and irregular, bad taste in the mouth, saliva small in quantity and sticky, urine pale in color, sometimes increased and sometimes diminished in quantity; in unusually bad cases, convulsions sometimes occur in young people, and coma or apoplexy in older ones, and in persons of a cachectic habit of body I have known hæmatemesis occur to an enormous extent. Nausea and vomiting may occur at any stage, but it is most likely to take place with discharge of bilious matter at the conclusion of the cold stage. Thirst may also occur at any stage of the paroxysm, or it may take place before the paroxysm comes on, and continue throughout the paroxysm, or stop at any stage. The mind is apt to be confused during the cold stage, with no disposition to talk. The vital forces are depressed, the larger vessels engorged, and the capillary circulation enfeebled and restricted.

Hot Stage—Fever.—Heat increases in the head first, and extends to the upper portions of the body; partially and irregularly in the beginning, but in a little time extends until it becomes generally diffused, and rises to a degree much above the natural standard; the face is full, often red, with pain in the head, dryness of the skin, eyes frequently injected, sometimes staring, accompanied with delirium, throbbing in the temples, anxiety and restlessness, respiration full and frequent, pulse hard and full, tongue coated, generally white, urine scanty and high-colored, thirst often very intense. In children, convulsions are not of uncommon occurrence, and in persons of a hemorrhagic tendency, hæmoptysis sometimes takes place. The vital forces are exalted.

Sweating Stage.—Moisture is generally first noticed on

the forehead, then on the face and neck, and finally on the body and limbs. The perspiration may be but partial—it may be moderate, or very profuse. As the perspiration increases and continues, the heat diminishes, the thirst abates, the secretions are gradually restored, and the urine often deposits a reddish sediment.

The different stages in the paroxysms do not always follow each other with as much regularity as is indicated by the above synopsis of symptoms; neither are they of uniform duration. The variety in length of the paroxysms may extend from two up to eighteen hours, and their variations in force and severity are as great as their variety in length. The chill may be light and long, or it may be short and very hard; it may also be attended with a sense of great coldness and little shaking, or it may be attended with little coldness and very strong rigors.

Similar variety exists in regard to the hot stage, as to its length, as well as the variety and force of its symptoms. We may encounter a long hot stage with but few symptoms, and those very moderate, or we may have a shorter hot stage, with a great many symptoms of a very grave character crowded into it.

A similar observation may be ventured in relation to the sweating stage; similar varieties occur.

The physician must bear in mind the great importance to the selection of his remedy of the symptom of *thirst*, not only its kind, but the stage of its occurrence, as well as its relation to other symptoms. And what has been said of thirst may be said of the other symptoms found to be characteristic. To understand these symptoms fully, we must recognize the organs from which they proceed, as well as their relation to and connection with other symptoms. So that when we turn our thoughts to the *Materia Medica* in order to seek in the symptoms there recorded of drugs, the counterpart of the symptoms of the case, we may be able to recognize the similitum for which we are looking. For we must remember that a symptom, or a group

of symptoms of a disease, cannot be matched by the recorded symptoms of a drug, as easily as numbers can be matched with dominoes. We occasionally have to seek for similarity of symptoms among drugs unknown to us as remedies for intermittent fevers. Besides, change of season and locality frequently so far changes the genius of epidemic and endemic diseases as to require quite a different suit of remedies. As the necessities of diseases change, or are altered by circumstances, we must study up what materials we have on hand, and, as need arises, develop new matter, until the lack is supplied, relying upon the assurance that all that is needed for treatment in the circle of disease is attainable by human effort and investigation; although some men seem to think what they do not know is not worth knowing. It is just as important for the physician to acquaint himself with the central and characteristic symptoms of a disease, as it is to become familiar with the central and characteristic symptoms of a drug. Both diseases and drugs frequently present symptoms of secondary consideration; but because a symptom does not obtrude itself upon our notice, we must not therefore overlook it in our study of the case; it may be the characteristic symptom of the disease; and if it be found in the drug, may be the *key-note* of the remedy.

ETIOLOGY.

The effluvia arising from the decomposition of organic matter is very generally looked upon as the cause of intermittent fever. And some believe that the effluvia must arise from stagnant water or marshy ground—thence called marsh miasmata—in order to be charged with the disease-producing principle. But a little observation will convince any one that in some localities the decomposition of vegetable matter, under the influence of alternate solar heat and moisture, will produce the malaria which causes intermittent fever. Autumnal intermittents are generally worse in seasons which favor the rapid growth of vegetable matter,

and miasmatic districts often exhibit evidences of the greatest productiveness. Low and marshy places are not the only sources of the morbid principle; it also can be generated in elevated locations, if the vegetable elements be present, and the favorable conditions of heat and moisture prevail. Even more, this morbid agent can be generated in localities where the (recent) growth of vegetable matter is not at all striking; for instance, the opening of gravel pits, the digging of cellars for rows of houses in new districts in the suburbs of cities, the cutting through hills in building railroads, the ploughing up of the virgin soil, the first breaking up of prairie land, &c.

It is probable that the prolific cause of malarious diseases is not to be found in the mere particles of vegetable matter which have been reduced to their original elements by the process of decomposition. But further investigation in science will probably show that the poison emanates from a highly organized parasitic offspring of vegetable production, whose dimensions are not at all detectable by the finest microscope. Their order and mode of generation are at present unknown to us, being cryptogamous. Analogous existences are seen in the lichens, the algæ, and the fungi. Examples of the rapidity of their reproduction are seen in the sudden appearance and speedy growth of fungi, mushrooms, mildew, mould, &c. The analogy may be further seen in the circumstance that the same conditions and seasons which favor the growth of these vegetations, also favor the eruption and spread of malarious fevers. Fungi germinate most rapidly at night, and malaria is most potent in the same season. In the evening, and during sleep, the disease is most readily contracted.

As has already been intimated, other causes than malaria may give rise to intermittent fever, such as intestinal irritation from worms, and the presence of indigestible substances, suppression of other diseases, old discharges, &c., exposure to cold and dampness, long-continued fatigue, grief, bad diet, &c., &c. But a disease from such causes

falls short of a true ague, unless the person had previously been affected by malarious fever.

Great susceptibility to a return of intermittent fever is apt to continue for some time after an attack, even for years; exposure to an easterly wind, or loss of rest, is often sufficient cause for a relapse.

Families leaving the city for the summer months, and going to a miasmatic district, will be more likely to escape the disease if they remain in the country until after frost comes, than if they return to the city before frost, unless they return before the influence of malaria commences.

Through what avenue is the poison introduced into the system? Some say it becomes entangled in the saliva, and finds its way into the stomach. Others say it is introduced into the blood as it courses through the lungs by inhalation.

In what part of the system is intermittent fever primarily seated? Some pathologists say in one part and some another, as the brain and nervous system, the mucous membrane, the capillary vessels, the blood, the liver, the pancreas, &c.

Let him who knows settle the question.

Intermittent fevers assume their most malignant form in warm latitudes, and are less formidable in cold climates. Their characteristics are sufficiently well marked to identify them in all climates, but their intensity is very much modified by localities and seasons.

Malaria, like the predisposing cause or morbid agent of cholera, loses its prolificness at a temperature below the freezing point.

Intermittent fevers are seldom immediately fatal in temperate latitudes, although the onset of the cold stage sometimes is so prostrating to persons of a cachectic habit as to carry them off before reaction takes place. In warm climates, and in unfavorable seasons, congestions of the internal organs are more frequent, and occasionally prove fatal. In long-continued cases of the malady, diseases

of the stomach, liver, and spleen, dropsical swellings, &c., are apt to occur, and may run on to a fatal termination. These incidental ailments, however, sometimes are chargeable to the course of treatment pursued, and are no doubt helped on by the influence of certain drugs, given in excess.

PROGNOSIS.

If the disease occur in persons of good constitution, every case should get well. Persons of a bilious habit, and who have been weakened by depressing causes, either of body or mind, do not recover as readily as others of a sanguineous habit, and who have not been subjected to like debilitating causes. Long and severe paroxysms indicate severity of the disease. And the fact of the chills anticipating each other, and the lengthening of the paroxysms, proves the disease to be on the increase; whereas, the postponement of the chills, and shortening of the paroxysms, indicate improvement.

The occurrence of chills during pregnancy of females, and dentition of children, is unfortunate; in one case, abortion, and in the other, hydrocephalus, may be the consequence.

TREATMENT.

If called to a patient during a paroxysm, and the history of the case be not known to the practitioner, he would be expected to prescribe at once, although it might be at great disadvantage. In such a case, the symptoms must emphatically be his guide; the sufferings of the patient can often be mitigated by appropriate treatment. During the chill, additional articles of covering may be added, but the administration of stimulants internally, and the application of heat externally, should be avoided; for although they might shorten somewhat the cold stage, they would increase, and probably protract the hot stage about to succeed.

The proper ventilation of the room should be attended to, but no draught of air allowed to strike the patient. The

temperature of the room and the covering of the bed should be managed with prudence, and adapted to the necessities of the case.

The complete success in the treatment of a case of intermittent fever often depends upon the right remedy being chosen at first, and given before the administration of any other medicinal agent. No greater skill of a practitioner can be exhibited than the ability to select a remedy the symptoms of which entirely correspond with the symptoms of a case of intermittent fever. To do it scientifically, he must possess an accurate knowledge of the genius of drugs, which can only be acquired by a careful study of their provings, as well as a thorough knowledge of the natural history of the disease, and a full appreciation of all the symptoms which the case presents. Authority for giving a certain remedy in this disease, or in any other disease, will not enable the homœopathic physician to cure it, unless the symptoms of the remedy correspond to the symptoms of the case. All that can be learned of both the disease and the remedies for it, should be brought into service, and after doing all he can in the way of study, the practitioner will be fortunate if he succeeds in curing every case at the first trial. Observation proves that too frequent change of remedies often baffles the recuperative powers of the system, and thus protracts the disease.

Physicians of all schools, in different parts of the world where intermittent fever prevails, have localized its treatment by adopting a sort of endemic management, which in many instances, for the best interests of science and humanity, is quite too empirical.

The time of giving the remedy, the attenuation, and also the frequency of repetition of the dose, must in every case be settled by the practitioner in attendance.

The chief remedies employed in the treatment of malarious intermittent fevers, are, Cinchona, Arsenicum, Eupatorium perfoliatum, Ipecacuanha, Pulsatilla, Natrum muriaticum, Nux vomica, Carbo vegetabilis, and Cedron.

In exceptional cases, Apis, Arnica, Bryonia, Capsicum, Cina, Sabadilla, Podophyllum peltatum, Veratrum, Rhus toxicodendron, Diadema, Lycopodium, &c.

Intercurrent remedies: Belladonna, Cocculus, Chamomilla, *Cuprum aceticum*, Hyoscyamus, Mercurius vivus, Ignatia, Kali carbonicum, Kali hydriodicum, Tartar emetic.

Antipsorics are sometimes necessary: Sulphur, Sepia, Calcareo carbonica, Antimonium crudum, Lycopodium, Natrum muriaticum, Carbo veg.

Prophylactics: Cinchona, Sulphate of Quinine, Eupatorium perfoliatum, and Cedron.

Beside the above-named remedies, there are many more of the greatest importance in the treatment of this hydra-headed malady, some of them long in use, and others more recently introduced.

To enumerate all the symptoms covered by the leading remedies, and to name the particular indications for each, would require more labor and consume more time than can be profitably spent at this time, and would neither serve the purpose of the writer of this report, nor meet the expectations of the Society.

The subject of the treatment of the disease in question will therefore be passed over with a few practical observations on the special relations of some of the remedies to the corresponding peculiarities of the disease.

For special directions for the treatment of intermittents, I would refer you to our standard works. In this report, I shall refer chiefly to some incidental matters connected with the management of the disease, mainly drawn from experience, and shall dismiss the subject of dose and repetition by giving a single recommendation; and that is, to give enough medicine to cure your patients, and no more; and to repeat the dose often enough to prevent the disease from returning.

I believe practitioners generally are agreed, that the most effectual time for administering the remedy is soon

after the subsidence of one paroxysm, and again some time before the incursion of the next.

The principal objects of study about the disease are the chill, the heat, the sweat, the thirst, and the grouping of the symptoms in relation to one or the other of these conditions. And the remedy best adapted to the case will display among its characteristic symptoms groupings and relations similar to those exhibited by the disease.

Cinchona covers more of the general indications of miasmatic disease than any other article of the *Materia Medica*. It is often required in the treatment of both the quotidian and quartan types, but it appears to be more particularly adapted to the tertian type, especially in cases with sallow face, sunken features, confusion of the head, and impaired digestive powers during the apyrexia. The paroxysms are preceded by loathing of food, sometimes thirst, languor, anguish, and nervous apprehensions; chill, with coldness, aching of the limbs, anxious expression of the countenance, short cough, and frequently palpitation of the heart; heat, with red face, throbbing headache, desire for cold drink, bitter taste, spasmodic cough, and frequently drowsiness; profuse perspiration, with increased thirst, and gradual recovery from the paroxysm. When *Cinchona* is indicated, the stages are generally distinctly marked, and the paroxysm is of long continuance. The paroxysms anticipate their time and become worse in the mornings. In the beginning of the disease, the chill comes in the afternoon.

Sulphate of quinine finds its counterpart also in the cases to which the *Cinchona* seems to be applicable, but it is supposed by some authors to supply in an eminent degree that waste of nervous force and consequent sense of exhaustion which results from severe and long-continued suffering, induced by living in low and marshy districts. Massive doses of this drug are injurious to patients with hectic (intermittent) fever from incipient phthisis.

Arsenicum, in cases in which *Cinchona* has failed, that

have lasted a long time, imperfectly developed paroxysms, intermittents after repelled eruptions, or accompanied with urticaria; pains are characterized by burning sensations, disposition to dropsical swelling, &c.; the thirst is attended with a peculiar craving sensation, and anxiety at the epigastrium, attenuation of the muscles, &c.

In the beginning of the disease, the chill comes in the morning, and the time of its return is postponed from day to day.

In the apyrexia, the patient often experiences burning sensations in different parts, chiefly, however, in the chest and abdomen, pains in the chest and head, and sometimes watery diarrhoea, with feelings of great prostration.

The paroxysms generally consist of short chills, protracted hot stage, and uncertain sweating stage, sometimes no sweating, and at other times a great deal of sweating; trembling during the fever.

Eupatorium Perfoliatum. In my hands this remedy has shown its greatest efficiency in the treatment of the quotidian, double tertian, and tertian varieties.

The paroxysm generally commences in the morning about nine o'clock, but the thirst comes on several hours before the chill, and continues through the cold and hot stages. Pain in the bones in the morning, before the chill, with soreness of the flesh, backache, chilliness, with moaning, *excessive* trembling and nausea, a greater amount of shivering during the chill than is warranted by the degree of coldness, vomiting of bile at the conclusion of the chill, with great distress in the epigastrium, vomiting after every draught of water, throbbing headache during the chill and heat, *inconsiderable* perspiration, or none at all. The paroxysm usually goes off in the evening during sleep.

It has been used as a prophylactic with success. Eup. perf. is one of the best correctives of the injurious effects of Quinine,—will often cut short cases which are kept up by over-dosing with that article.

Ipecacuanha. In intermittents of young persons, and in

relapses from improprieties of diet, relapses after the extravagant use of Cinchona, gastric difficulties in the apyrexia, but little thirst during the chill, unequal distribution of heat during the fever, sour-smelling perspiration, more or less thirst all the time, shortness of breath, loss of appetite, and feeling of oppression at the stomach.

Pulsatilla. In delicately formed persons, especially in young females, with disturbance of the uterine functions, to which this remedy is so admirably adapted. The leading characteristics of *Pulsatilla* are said to be a *long chill*, *little heat*, and *absence of thirst*. None of the stages are very strong, and they are apt to run into each other.

Natrum Muriaticum. The leading remedy in the treatment of the peculiar dyscrasia, induced by a long-continued or badly-treated case of intermittent fever. All-important in the treatment of cases of protracted disease, which has worn out the strength of the patient; and where the continuance of the disease is attributable to the existence of a latent psoric diathesis, characterized by stitching headache, thirst, with excessive dryness of the mouth, ulceration in the corners of the mouth.

Nux Vomica. This remedy has a wide range of symptoms, which proceed from the ganglionic system: neuralgic pains, derangement of the digestive organs in the apyrexia; it may be attended with colicky pains, eructations, vomiting, constipation, &c. It is especially applicable in quotidian and tertian cases, in subjects of free living, intemperate habits, &c.

Carbo Vegetabilis. In cachectic patients, chills in the evening, thirst only during the shivering, excitability of the nervous system, and loquacity during the hot stage, profuse sour-smelling perspiration. In the apyrexia, paleness, prostration, disposition to be melancholy, with weakness of memory. Chiefly applicable to the tertian type, and where psora is suspected.

Cedron. This remedy has been extensively used in intermittent fever over a wide range of country, but it appears

to be particularly applicable to the miasmatic fevers of low, marshy regions in warm seasons.

Podophyllum Peltatum. Deserves attention, where hepatic troubles enter largely into the suffering of the patient.

Sepia. An excellent antipsoric, in cases with offensive, sour night perspirations.

Tartar Emetic. In cases where yawning and stretching are prominent symptoms.

Diadema Aranea. In cases where the chill occurs precisely at the same hour each day.

Capsicum Annuum. This remedy will often mitigate the sufferings of a patient, although it may be insufficient to effect a cure. It is indicated in cases with prolonged cold stages. Chills running up and down the back, worse after drinking.

Apis Mellifica. Apis has been recommended by some eminent practitioners "as the specific against every sort of intermittent fever," and it is no doubt worthy of high consideration in cases where nervous excitability, with restlessness, and any approach to urticaria, appears among the symptoms.

Cuprum Aceticum. Must be always held in reserve in cases of convulsions, cramps in the abdomen, limbs, &c., especially in young subjects.

Hyoscyamus. Also in cerebral disturbances, with twitching of the muscles about the eyes and face.

Ignatia. Is also important in the treatment of cases attended with irritation of the spinal nerves, jerking of the limbs, and jactitation, especially in young children.

Beside the above-mentioned medicines, there are many other articles of the *Materia Medica* which deserve the careful study of the physician, and which may become really necessary to effect a permanent and radical cure of some of the phases of this multiform disease. In many instances we have not only to treat the disease in its more acute form and active stages, but we often have to allay some waked-up dyscrasia of the system, and in an after treatment, of unknown duration, endeavor to rectify the various modifications of health produced by a most subtle morbid agent, called malaria.

CUBEBS.

BY A. LIPPE, M. D.

Avicenna (II. 137) claims for the Cubebs the power of cleansing the urinary passages, and, with Crane and Neumann, as having the property to excite the male sexual organs and create sexual desire. In the history of the Indian Archipelago, i., 465, Atane says, that the Indians drink wine in which they have steeped Cubebs to cause sexual desire. In Europe the Cubebs were praised by Mathiolus, Sermert, Montagnus, Ettmueller, Weikard, as possessing reviving powers; they were then prescribed as "*Eluctuarium Diacubearum Schroederi*," and were given for diseases of the liver and spleen, soporous affections, weakness of memory, mucous conditions of the stomach and intestines, vertigo and flatulence, fluor albus, sterility and affections of the uterus. Weikard used a balsam externally against a paralysis of the male genitals. In 1816 they were first given as a specific for gonorrhœa in Bengal, in the hospitals; later they were ordered by physicians for abscesses of the prostate gland, (externally,) for catarrh of the bladder, blennorrhœa, and atony of the large intestines. B. Brodie* gave them for weakness of digestion, intermittent fever, and for chronic rheumatism.

It was observed that small doses (gr. v to xv) increased the appetite, accelerated digestion, caused profuse secretions of a darker-colored urine, smelling of Cubebs, diminished too profuse a secretion of the mucous membranes of the urinary and sexual organs. Larger quantities caused nausea, sour eructations, colic with burning in the stomach and abdomen, at times vomiting, frequent thin stools with or without colic, seldom accompanied by tenesmus, and never with bloody mucous discharges. Inflamed and sensitive conditions of the stomach, inflammations of the urinary

* London Medical Gazette, i., 396.

and sexual organs are aggravated by such doses. In some cases the Cubeb caused burning and itching on the glans penis, and at the anus, or a pustulous exanthema and a strong desire for coitus. At present the Cubeb is given for blennorrhœa of the urethra, in gonorrhœa with profuse discharge but with little pain, in leucorrhœa, catarrh of the bladder, or in obstinate dry coryza.

In the fifth number of this Journal appeared a translation of the Pathogenesis, by Dr. Houat, and published by him in the *Dispensaire Hahnemann*. The 374 symptoms of this now fully introduced remedy will be found to contain many symptoms similar to medicines already known, (the author omitted Glonoine among the relations,) and some symptoms not to be found among any other known remedy. The most remarkable symptom is the 124th: "*False membranes*, thick and dark, principally in the larynx;" and, taking in connexion the following symptoms, one is struck with their similarity to the frequently occurring symptoms of Diphtheria and Croup. But, some of our friends ask, is this Pathogenesis "reliable" and "*trustworthy*."* It seems as if the Pathogenesis carried truth with itself, and while we by no means indorse it any more than the author itself, who, no doubt, gave his productions "*honestly*," but subject to the experiment, we take great pleasure in calling the attention of the profession to this valuable gift. Whether a Pathogenesis or characteristics by symptoms are trustworthy, whether or no a proving or an observation is reliable, cannot be decided *a priori*. True, we have a right to doubt the correctness of either, if they do not carry the impress of truth with them; but, after all, the *experiment* must decide.

Where a remedy has been well proved and some of the symptoms obtained by its provings have been verified by clinical experience, or where a characteristic symptom of a remedy has been discovered by clinical experience, and has been verified again and again, the holder or possessor of such knowledge can fearlessly publish the one or the other. And if the critic who finds something new in "*the proving*" or among the "*characteristics*," represents such a communication as untrustworthy *a priori*, who will regard such gratuitous assumptions? And if later revelations

* Vide British Journal of Homœopathy, October, 1866, page 656, 2d line from above.

show that the *a priori* criticisms, were premature and erroneous, the critic will not have to wait long to see these very criticisms deemed notoriously "untrustworthy, and the tables turned on himself by public opinion."

In the case before us, of the Pathogenesis of Cubebs, we are not only sustained in our supposition that it is correct, but we have in fact before us already a full proof of it, a *corroboration*; and this proof comes from a source which we could least expect, from the old school side. We find in the British Journal of Homœopathy three cases, translated from the "Medical Neuigkeiten," 1866, 6, in which Croup and Croupose Angina were *empirically* treated by Copaiva and Cubebs, and reprint the report below. Copaiva had to be discontinued, and Cubebs cured the cases. We learn from these cases that Cubebs do cure some forms of Croupose Angina, and the Pathogenesis now before us will surely show us clear and unmistakable indications *when* to give Cubebs in similar diseases. And, "*a priori*," we look forward to the revelation of some brilliant cures made by Cubebs under the guidance of this Pathogenesis, such as shall furnish new proof of the superiority of our school, and that we must not reject *a priori*, any proving or new observation, because it is new "to us."

COPAIVA AND CUBEBS.

[From the British Journal of Homœopathy, October, 1866.]

Some time ago, Dr. Trideau, a physician of Andouille, communicated to the Parisian *Gazette des Hop.* (No. 21 of last year) a detailed report of three cases in which violent croup and croupose angina were most successfully treated with *Copaiva* and *Cubebs*. Although, as is well known, in our literature, the utility of these two medicines (as yet hardly used but as remedies for gonorrhœa) has been repeatedly extolled in diseases of other portions of the mucous membrane, yet the confidence in this latter success is so far lost, that the celebrated physician Trousseau has undertaken, in consequence of the above reports by Trideau, to go thoroughly and scientifically into the testing of these two medicines *de novo*, in cases of angina and croup. To induce other practical physicians to adopt a similar course is our object in the following brief *résumé* of Trideau's cases, and of his mode of administration.

Case 1.—A girl, aged 7, on Aug. 13th, last year, being seized with a violent fever, without pain in the throat, was

brought to Trideau Aug. 14th. Considerable pseudo-membranes showed themselves on both tonsils. Trideau's prescription: a teaspoonful of *Syr. Copaivæ* every two hours, alternating with half a table-spoonful of *Syr. simplex* in which 50 centigrammes of recently pulverized *Cubels* were suspended. On Aug. 16th pseudo-membranes were removed from the mouth, partly by the child herself, partly by her mother. *Copaiva* discontinued; three teaspoonfuls (75 centigrammes) of *Cubels* continued every two hours. Aug. 18th and 19th, after more ejection of pseudo-membranes, the little invalid was playing again. Aug. 20th, complete cure.

She had taken in all 48 grammes of *Cubels*, and eight teaspoonfuls of *Syrup of Copaiva*.

Case 2.—A girl, aged 14, on the 24th August last year, was suddenly seized with fever and sore throat. On the 25th, a physician cut the left tonsil partly out, and then cauterized it. On the 26th, the right tonsil was also partially excised. On the 27th, Trideau was called in: the remains of the tonsils were thickly coated with pseudo-membrane. Prescription: half a tea-spoonful of *Syr. Cop.* to be taken every two hours, alternately with one tea-spoonful of *Syr. simplex* holding in suspension one gramme of fresh powdered *Cubels*. Next day the pseudo-membranes were almost gone, and there was no fever left. Aug. 29th, completely ceased. Even by the 28th, the *Syr. Cop.*, which she could not endure any longer, was left off, whilst the *Cub.* was continued. She had taken in all 60 grammes of *Syr. Cop.* and 24 of *Cub.* During T.'s treatment, the patient slept so soundly that it was very difficult to awake her to take the medicine.

Case 3.—A boy, aged 11, whose brother had died the day before of croupose angina treated by cauterization. The child, having been ill of severe sore-throat since Oct. 5th, was brought to Trideau Oct. 8th. Blowing inspiration, complete aphonia, croupy cough; tonsils and arch of the palate covered with isolated pseudo-membranes; glands swollen on the right side. Prescription as in case 2. Even by next day he was free from fever. Pulse 92; good sound sleep all night; aphonia still present; the cough no longer croupy. The *Cop.* was thrown up twice in the morning, and therefore discontinued; but the *Cub.* continued. Oct. 11th, cured. The patient had taken in all 24 grammes *Cub.*, and 60 to 80 of *Syr. Cop.*—*Med. Newigk.*, 1866, 6.

HYDRASTIS CANADENSIS.

The following proving of *Hydrastis Canadensis* was made at the Homœopathic Medical College of Pennsylvania, by the Class of 1866. By mutual understanding between the teachers of *Materia Medica* at Chicago and at Philadelphia, it was agreed to prove this remedy, which was first introduced into the Homœopathic *Materia Medica* by Prof. Hale. And since the clinical reports published in the various journals left no doubt that this plant possessed great curative powers, it becomes the more important to find its characteristic indications, so that it may be used homœopathically, and not empirically, as hitherto.

The first step was to make a proving; and as soon as we have the results of the contemplated proving of our colleague, we shall at once arrange all the symptoms in their proper order. The original provings will serve in future days to show how each individual was consecutively affected, now by the one, then by the other symptom, and to give by themselves an indispensable picture of the effects of the medicine; while the arrangement of the symptoms according to Hahnemann's scheme, will greatly facilitate the application of the remedy in any given case.

The Tincture of *Hydrastis Canadensis* was procured from the pharmacy of A. J. Tafel, 48 North Ninth street, Philadelphia; and its preparation, or potentiation, was made before the class, by Dr. A. Lippe, on the centesimal scale, using a new vial for each of the potencies up to the thirtieth, twenty-five hard shakes being given for each potency.

A. L.

AUG. KORNDORFER.—November 7th, 1866. New moon. Took one dose of the thirtieth potency of new American tincture, prepared by Dr. Lippe before the class.

November 8th, 8 $\frac{3}{4}$ A. M. Slight headache, first on right side, mainly in the temporal region, then passing to the left

temporal region, leaving the left returning to the right, lasting a few moments, and then leaving altogether.

After the pain a sensation of fulness on the forepart of the head; pressing the temples removes the sensation momentarily.

The headache lasted only a few moments, the full feeling afterwards perhaps ten minutes.

11 A. M. Sneezing in the sun caused flickering before the eyes. (I have been troubled with this flickering for many years, when exerting myself or standing long in the sun.)

November 9th. During the night sleep was disturbed by dreams, troublesome, worrying dreams, travelling about, always in motion.

Sleep was refreshing withal.

9½ A. M. Sharp pain behind the right ear for one moment (in mastoid process of temporal bone), passing down to the right shoulder back of the clavicle, about midway between arm and neck; the entire symptom lasted only a few moments; the pain however was very severe.

11 A. M. Sneezing caused a fulness of head between temples and forehead. (I seldom ever sneeze when I have a cold, and I can scarcely attribute this to any thing but the medicine.)

12½ P. M. Dull ache from right temporal region down to last molar tooth (upper), lasting only a couple of minutes.

4½ P. M. Thirst.

Feverish, with moist mouth and tongue.

Roof of the mouth about a short distance back of the incisors, sore and smooth as if burned.

7 P. M. Sneezing caused fulness of the head between temples and forehead.

9½ P. M. Sharp pain in the last molar tooth (lower), passing up to the head on left side and spreading to the right; this toothache was a sharp, penetrating pain, like from an exposed nerve, lasted about fifteen minutes.

November 10th. Feel refreshed from sleep, dreamed a great deal, dreams generally motion of travelling.

9 A. M. Sneezing causing sharp pain in right breast between the third and fourth ribs to the right arm, down the arm and forearm, half way to the wrist.

Head feels full.

Fulness across bridge of nose and at the root of nose.

Coryza watery, not very profuse, mostly from right nostril.

10 $\frac{1}{4}$ A. M. Sneezing, jarring the whole chest, causing sore feeling, particularly on the right side above the nipple.

3 P. M. Watery coryza, burning sensation in lachrymal duct or back part of roof of the mouth, all on right side.

4 $\frac{1}{2}$ P. M. Sore feeling through the chest.

5 P. M. Expectoration of slimy mucus.

5 $\frac{1}{2}$ P. M. Pain in left foot, extending from the metatarsus to the knee, very painful.

6 $\frac{1}{2}$ P. M. Symptom of 3 P. M., together with dull pain in the head.

Fulness at the root of the nose.

Dull pain at the roots of teeth in upper maxilla.

10 $\frac{1}{4}$ P. M. Continued flow of watery coryza.

Nose feels, however, as if a plug were in it, under the nasal bones.

There is a feeling as if something burst, suddenly followed by a copious discharge of watery coryza, the burning sensation in nose disappears in warm room, as also the coryza, both being much aggravated in the open air.

The burning in exhalation is almost insupportable, while inhalation ameliorates.

Pain, as if tired, in all my limbs.

November 11th. Dreamed during the night.

Sleep uneasy.

Awoke early.

Sore throat.

Right nostril stopped up.

Tickling sensation on roof of mouth, right side, back part; sneezing, soreness of chest, mainly the superficial muscles; watery coryza. These symptoms were between 7 A. M. and 9 $\frac{1}{2}$ A. M.

11 $\frac{1}{2}$ A. M. Sharp, shifting pain, first in right arm above the elbow, then in right side of thorax above and to the right of the nipple about one inch, then down to the right thigh.

11 $\frac{3}{4}$ A. M. Sharp, shifting pain in left leg from the middle of the thigh down to middle of lower leg.

Continued pain and rawness in chest; the pain appears deeper than it did early this morning.

6 P. M. Pain and rawness of chest, with headache all the afternoon, still continue together, with pain across the small of the back and in the knees; tired, painful feeling over the whole body.

Watery coryza from right nostril.

A little blood and dry coryza from the left nostril.

6 $\frac{1}{4}$ P. M. Sharp pain from right hip joint to the knee, making it impossible to stand or bear any weight on the right limb.

8 $\frac{1}{2}$ P. M. Excruciating pain in all the limbs and chest.

Dull headache.

Pain, mostly in the joints, lasted all evening.

Sore throat.

9 P. M. Chilly feeling around shoulders and chest.

10 P. M. Great heat of whole body.

Head feeling very hot, but cold to the touch.

November 12th, 9 $\frac{1}{2}$ A. M. Sneezing.

Chest and throat sore.

11 $\frac{1}{2}$ A. M. Aching of superficial muscles on right side of chest, passing to left side.

1 $\frac{1}{2}$ P. M. Cramp-like pains through abdomen, with flatulency. (These cramp-like pains in the abdomen I have very often, arising, I think, from constipation.)

4 $\frac{1}{2}$ P. M. Painful, tired feeling across the small of the back and waist and lower limbs, not as severe as yesterday.

6 $\frac{1}{4}$ P. M. Aggravation of coryza in the open air; not as bad as last couple of days.

Burning feeling in right nostril.

Bleeding from left nostril quite profuse.

Nose itched a great deal after bleeding.

November 13th. Nose bled immediately after rising; dark blood for about ten minutes; nostril burns very much, as if it were raw, also itching somewhat.

2 P. M. Noise in ears, as from the turning of a machine in a machine shop.

7 P. M. Flickering before the eyes in bright-yellow light; streaks in squares, always making three sides of a square.

Pain in temporal region, both sides, and also pain over the top of head.

The symptoms of 7 P. M. I have had frequently during a number of years past, from four to six times during the year. I had such an attack about a week before I took the medicine for proving. I do not know whether the medicine produced the symptom; but I do think I would not have had it so soon after the previous attack, if I had not taken the medicine.

November 14th, 10 $\frac{1}{2}$ A. M. Headache; dull, pressing pain on top of head, pressing outward from the ears.

November 20th, 1866. For several days have had a

dull, dragging pain in both groins; commences in the right groin, descending to the right testicle; sometimes passes over to the left testicle, and from it to the left groin, passing down the right side and up the left. The pains on the left side I have noticed more in the evening; those on the right side, day and night repeatedly, lasting from one-half hour to two hours.

I have a constant sensation in both groins as if I strained myself from taking a very long step. It is aggravated by any thing touching the groin, even my clothes are uncomfortable.

Nose sore for some days, in the right nostril, on the cartilage of septum; bleeds on being touched.

Sensation of a hair in the right nostril under the nasal bone, at its lower border. This symptom I have had at least three times distinctly.

Very forgetful, losing myself in conversation repeatedly; cannot keep a steady train of thought.

Absent minded.

In writing, make wrong letters; have never been so absent minded before.

I have been subject, for years, to a congestion of blood to the head, which causes vertigo, flickering before the eyes, a sensation as if the cranium were too small and would burst; an excruciating pain in the eyes, in the temporal region, and across the top of the head, accompanied with nausea. (These are the symptoms in the worst attacks, of which I have from four to six every year.) After these severe attacks I have a dull pain in my head, generally for weeks, the greater part of the time. I am generally constipated, which constipation has not been affected by the medicine.

PROVER A, aged thirty-one years; sanguine-bilious temperament. Troubled with constipation for the last five years; unrefreshing sleep; when he awakes in the morning, has no disposition to get out of bed; wants to sleep and rest more, but feels much better a short time after getting up.

October 31st, 11 P. M. On retiring to bed, took one drop of the 30th potency in a tablespoonful of water.

Slept well all night; felt quite refreshed in the morning, 5 o'clock.

On awaking from sleep, no desire for further rest, and had to get out of bed.

Very good-humored.

Eyes somewhat agglutinated (*unusual*).

8 P. M. Half an hour after breakfast, same morning, had an operation from the bowels, not differing from that of any former occasion, but followed by profuse discharges of bright-red, arterial blood, lasting for about a minute, and occasioning some anxiety.

Had sensation all day as if the hemorrhage might be repeated, and was, as a consequence, squeezing the sphincter ani all the time.

SECOND PROVING.

10 A. M. Same day began to grow gloomy, taciturn and disagreeable towards his acquaintances.

11 A. M. One hour later head began to ache right across the frontal sinuses, the pain being dull and lazy and slightly throbbing.

This condition continued all day till 4 P. M., when, he found it almost impossible to keep from sleeping; missed one lecture for purpose of sleeping, and returned to the college, all his symptoms being much worse.

At 5 o'clock, that same evening, while attending lectures, his heart became agitated, and continued so for about five minutes.

November 1st. Retired to bed 11 o'clock P. M.; sleep restless all night, tossing about, seeking cool positions; and, on waking in the morning, felt as he used to feel before he took the medicine, except that his eyes were considerably agglutinated.

At 8 o'clock on the morning of the 2d, half hour after breakfast, bowels moved more profusely than on the previous morning, which was followed by hemorrhage as on the day before. The prover had no operation from the bowels for three days before taking the medicine.

There was constant throbbing headache all day in both sides of the head in the anterior temporal regions. The headache and all the symptoms were worse in the warm room, while sitting and resting, especially while thinking of the symptoms. The fresh air was very agreeable, and always brought relief.

November 2d. Retired to bed at 11 o'clock P. M.; head continued to ache all over the forehead and into the temples.

Very restless all night; woke up every half hour, and

upon each occasion sought a new position in order to get rest.

November 3d, 5 A. M. Headache still continued, and both eyes completely stuck together; has no cold, nor knows of any cause that would produce it, except it is the remedy.

At 8 o'clock in the morning, bowels moved freely, and the discharge was again followed by the same sort of blood, renewing the former anxiety as to its consequences.

There is now heavy, pressing distress in rectum; headache bounding and throbbing; and fears he will become sick all over.

At 8 o'clock P. M., while sitting in a warm room, he is suddenly seized with sneezing, which is succeeded by excoriating watery discharge from the nose; and retires to bed at 9 P. M., very sick.

Restless sleep all night long, and sneezing every time he would wake up.

Arose from bed at 7 o'clock A. M. on the 4th of November. Headache still continuing; eyes agglutinated, but less so than the previous morning; and small *fever* blisters appear on the lower lip in the right corner.

At 8 o'clock, the discharge from the bowels is again followed by blood, and other symptoms appear, viz.:

The genital organs perspire freely, particularly the scrotum, and emit so offensive an odor, that every thing in the pantaloons pockets, and even the hands, when put into them, partake of it; and under the prepuce the perspiration is excoriating.

November 5th. The catarrh has descended into the chest, causing distress and difficulty of breathing; he wants to take long breaths all the time.

The discharge of blood with each stool continued all the time till the evening of the 16th of November. Lycopod. 10m. was then given, when this symptom ceased suddenly; the liver remained enlarged, and gave a dull sound on percussion; the distress above stated became again worse at the lapse of ten days, when Lycop. 41m. was administered; a slight aggravation followed, and then all the former symptoms were relieved. Four days afterward the enlargement and induration of the liver had entirely disappeared.

W. S. VIRGIN, twenty-four years of age; bilious temperament, black hair, dark eyes; in perfect health when he commenced the proving.

November 3d. Took 5 drops of the tincture before going to bed, 11 o'clock P. M.; had been studying in early part of the night.

Slept soundly and, unusually so, in the morning; hard to awaken.

November 4. During breakfast cutting pains in the bowels; soon after, desire for stool, with passage of some wind before evacuating; first part of stool seemed natural, last part soft and dark-brown.

7 A. M. Sneezing after breakfast, from tickling in the right nostril, left stopped up.

9 A. M. Heaviness and sensation of fulness in the forehead, most over the left eye.

Cutting pain in the upper right side of the abdomen.

While walking in the cold open air, discharge of watery mucus from the nose, causing frequent blowing.

Sensation as of a screen or curtain in the right nostril, which would open and shut during inspiration; this gradually passed over to the left, leaving the right stopped up.

The headache, which was constant in the warm room, passed off after walking awhile in the open air.

While walking, pain in the right hip-joint, which passed to the knee and disappeared.

While walking, *severe pain* in the outer part of the left knee, causing limping; at the same time pressure in the left shoulder.

10 A. M. Cutting pain in the bowels, extending to the anus; relieved by passing a small quantity of flatus while lying.

Tickling like a hair in the upper right nostril; left stopped up.

Symptoms all disappeared during the afternoon.

Nov. 5th. Slept well all night; felt refreshed in the morning.

9 A. M. While walking in the cold open air, profuse discharge of mucus from the nose.

The air seemed cold to the upper inner left nostril while inhaling, with pain extending deep into the head, seemingly from the posterior nares, with pressure in and over the left eye. (Similar symptoms were observed at 2 o'clock P. M. while going from college to boarding-house.)

11 A. M. Pain in the temple over the left eye, lasting some time.

2 P. M. Slight pain in the right groin while walking.

Cutting pain in the bowels before and after dinner, resembling those which preceded an attack of dysentery, which the prover had two years ago.

3½ P. M. Soreness of the inside of the nose; air is felt painfully and cold while inhaling, with hawking of mucus from the throat and posterior nares.

General feeling of malaise; aversion to study; while reading forget what I am reading about.

Internal edge of right ala nasi very sore and thickened; left stopped up; right, dry and painful (in room).

No discharge from the bowels since morning of the 4th; no desire; passed some flatus during the day.

Urine seemed to be diminished in quantity and paler than usual.

9 P. M. Pain in the neck, extending from the left mastoid process to scapula.

Nov. 6th. Sleep natural; feeling of lassitude after rising.

Dryness and stoppage of the nose, with scabs in the nose.

Sensation of soreness through the chest and upper part of the abdomen when drawing a long breath; later, soreness in both mammary regions, and great disposition to stretch the body backwards, arms upwards, with yawning.

8 A. M. Pain in both supraorbital regions.

Aching pain in the right shoulder and left elbow and knee-joints.

8½ o'clock. Pain in right parietal protuberance while going up-stairs.

Aching pain in the outer part of the left knee while sitting and walking.

Pain in the back part of the neck, extending to the right shoulder, with heavy pain in right shoulder.

Burning, stinging pain in the chest, most in the region of the heart, from time to time, during the whole day. (These pains are similar to those I had some two or three years ago, resulting, I believe, from adhesions, following pleurisy and pericarditis, but had entirely disappeared, only returning when I took a violent cold.)

2½ P. M. Slight bleeding at the nose after dinner; blood bright red.

6 P. M. Passage from bowels natural.

7 P. M. Sneezed once.

Aching pain in both shoulders (deep in), most severe in the left, with pain extending from the head to shoulder; for a few seconds very severe.

Slight colicky pain in upper part of the abdomen.

Aching pain in the left elbow, with snapping in the shoulder-joint when rotating the arm.

Soreness of the muscles of the arm when moving them.

Nose dry and stopped up, mostly right.

Sleep undisturbed and refreshing.

November 7. On rising in the morning, soreness in the upper part of the abdomen while inhaling.

Cutting pain in abdomen, (slight.)

8 A. M. Pain in the left temple, extending into the left nostril.

Heavy pain in the left shoulder.

5 P. M. Cutting pain extending from the umbilicus to the penis.

Severe frontal headache.

Severe cutting pain in the left hypochondrium.

11 at night. While lying in bed, sharp, cutting pain from the right iliac region into the right testicle, which left the parts above Poupart's ligament very sore and tender, with pain extending into root of penis while pressing upon it.

November 8th, 6 A. M. After urinating, pain at the root of the penis just as the flow stopped.

8½. Severe pain in the forehead, and stinging pains in the chest, lasting some time.

Discharge of thick yellow matter from the nose.

Sensation of dryness at the root of the tongue.

9 A. M. Colicky pain in the abdomen, with passage of wind and pressure to stool.

Stool of natural size, but excoriating the anus, as though covered with sand.

SECOND PROVING.

November 18th, 11 o'clock at night, took ten doses of the third centesimal attenuation before retiring, (had been writing previously;) fifteen minutes afterwards slight colicky pains, with rumbling and gurgling in the left side of the abdomen, high up.

Awakened once or twice through the night; thought it was time to rise, but immediately fell asleep again.

November 19th. Slept unusually sound in the morning; hard to be awakened, which was never the case before the proving commenced.

Felt unrefreshed and dull.

Diminished appetite for breakfast.

After breakfast, cutting (slight) pain in the abdomen, relieved by passing wind.

8 A. M. Ill humor; vindictiveness.

Aversion to mental occupation and dulness of memory, and general feeling of dulness.

Disposition to lie down.

Dull, heavy feeling in the head, amounting to pressure over the root of the nose.

Blowing of blood and yellow mucus from the nose.

Nose dry.

Aching pain in the cerebellum, first in the right, later in left side.

Uneasy burning sensation in the abdomen.

10 A. M. Pain above the left eye, which appeared several times, but was always relieved by laying the hand on the part.

Pain in the left side of neck to shoulder, relieved by laying the hand on it.

10. Sleepy; could not pay proper attention to lectures.

General feeling of dulness.

11 A. M. Slight chilly sensation in the back and thighs, followed in a short time by an agreeable sensation of heat in these parts, while walking in open air.

12. Rumbling and gurgling in the left side of abdomen.

Forgetfulness, (while writing;) if want any thing and raise my hand to pick it up, or go after it, will forget for a few seconds what was wanted, which would make me very angry, and feel like damning and cursing every thing, or any one who bothered me in the least.

Spitefulness and disposition to hit and knock things in general.

These feelings disappeared towards evening.

November 20th. Slept well all night, felt refreshed in the morning.

No symptoms of any consequence but a spiteful, angry disposition, with desire to snub any one who differed in any thing with me, lasting all day.

November 21st. No symptoms this morning.

PROVING OF THIRTIETH POTENCY, BY W. McGEORGE.

PROVER, light hair, fair complexion, nervous, sanguine temperament; occupation printer and student; rather under

the average height, well-built, aged 24; no hereditary complaint. At the time of making the following proving I was and am in the enjoyment of good health, but troubled at times with a slight *ozæna*; had been troubled during the summer with a vesicular eruption in upper and lower extremities, and on scrotum, for which I had taken Croton tigl. 200; this removed the eruption, and also the intense itching on the tips of the elbows and scrotum, in which place the itching was as bad as ever.

October 31st. Took one dose of thirtieth on tongue just before going to bed.

November 1. Felt cheerful upon getting up; observed a tendency to take cold easily 12 M.

Very sanguine and contented.

Felt very good-natured and cheerful.

Troubled less on the elbow and scrotum, 6 P. M.

Unusual buoyancy.

Felt refreshed, and like studying or working all night; 12 P. M., went to bed, *not tired*.

November 2. On getting up (6.30) had a little headache across the forehead.

Spirits not as lively as the previous day, and yet not depressed.

Slight cold in nose in afternoon.

Observed, in passing a natural large stool, that it was tinged with blood, no pain nor straining.

Itching about the same as on previous day.

November 3. Headache on rising.

Little catarrh.

Nose stopped up apparently.

Poor appetite, food tastes strangely.

Stools covered with blood, no pain in passing them.

Went to bed at 1 A. M., November 4th. Woke up about 9 A. M. with a bursting feeling in head, very severe, and almost stupefying.

Catarrh bad; nose stopped up.

Poor appetite.

The pain in the head was in the frontal part; ameliorated by pressing the skin towards the middle of forehead; aggravated by pressing the skin towards the temporal bone, on pressing in the forehead, and on wearing a light hat, or loose hat drawn tightly; rather better while in motion, and while the mind was engaged.

Dislike to go out, to read, to write, to do any thing.

Felt fretful and low-spirited.

Had a desire for eggs, (generally do not eat them or like them.)

Dislike for meat and vegetables.

Desire for bread and tea.

At 2 P. M. Pain in head commenced to abate, and at 5 P. M. it had almost disappeared.

November 5. Headache less; felt better; took one drop on going to bed; nothing observed.

November 6. Felt despondent; better after "quizzing" in the evening.

Quite cheerful at 11 P. M.

November 7. Felt better.

November 8. Stool tinged with blood.

November 9-16. Did not notice any peculiar symptom.

November 17. Felt more cheerful; took one drop.

November 18. Pain in head as before.

Stopped up feeling in nose; no discharge from nose; felt high-spirited and good-natured.

November 19 and 20. Felt the dull pain in forehead and at root of nose previously mentioned.

The Prover also submits the two following provings made on two other persons, of a single dose.

A. G. LILLE.—Fair complexion, sanguine temperament, 25 years old, a mechanic and clerk. A remarkably well-built, strong man, enjoying good health.

October 31. Took a drop on tongue, 3 o'clock.

November 1. On getting up, a dull pain in the head, which went away in a few minutes.

In the afternoon had heartburn, as he termed it, which he had not had before for almost a year.

I could get no more symptoms from him, and he declined to take any more medicine, being somewhat afraid of it.

On November 10th, a German, HENRY KUSEL, aged twenty-three, came to me, troubled with a sore throat, roughness and raw feeling when he talked, and a severe cold in head, which he had caught from exposure after working over a hot fire, together with some other symptoms. Under treatment, his throat got much better, his hoarseness left him, and his taste and smell, which had left him, had returned, but the cold in head only yielded slowly to the medicine.

At this stage, November 18, I gave him a drop of the remedy 30th. Next morning he complained of his cold

being worse. In the evening he said, that in the morning his cold had been worse than it had ever been; but soon commenced to abate, and in the evening he felt very much better.

November 20th. He said, that his cold had entirely gone, but that his throat was not so well, and had grown slowly worse since he had taken this medicine; he also spoke of being in high spirits; every thing looked bright, and he felt happy, and wanted to sing.

WM. D. HALL, aged twenty-one years; of healthy, full habit, rosy complexion, brown eyes, and dark-brown hair. Never subject to any sickness, except slight congestions to the head, with bleeding of the nose.

October 31st, 1866. Took one drop of the 30th potency at 11 o'clock at night on retiring.

Slept well all night.

1. On rising in the morning had an empty, gone feeling in the stomach, as though he had been suffering from a long-continued attack of diarrhoea, and had been unable to eat any thing for several days; the abdomen presented a scooped-out appearance; with this, he had slight nausea, and a heavy, white-coated tongue.

2. Headache, with sensation of the brain being pressed against the frontal bones. This came on after breakfast.

3. The edges of the teeth are painfully sensitive to a draught of cold air.

4. 10½ A. M. Had a dull, shooting pain on the posterior part of the left leg; the pain runs down to the os calcis. Pain lasted for five minutes.

5. October 11, A. M. Sensation as if a draught of cold air was being thrown on the right lumbar region, and on the right nates, lasting for fifteen minutes.

6. Stiffness of the knee-joints, made worse by going up-stairs.

7. 12 M. Pressing pain over the protuberance of the left parietal bone. The pain was confined to a spot about three inches in circumference; lasted but a few minutes.

All the symptoms except the gone feeling disappeared after dinner, and did not return again.

November 2d, 1866:

8. On rising in the morning, the tongue felt as if scalded by having drunk hot coffee; it was aggravated by smoking.

9. 8 A.M. The pain which lasted four hours in right groin, at different periods, changed to the left.

10. 8½ o'clock. Voluptuous itching of the scrotum, compelling one to rub it, which relieves.

11. Sore pain in the small of back and region of the kidney, coming on at 9 o'clock, lasting all day.

November 3d. Slept well all night; had no new symptom the 3d, all the old ones having disappeared.

November 4th. Had an increased desire for sexual intercourse, in which he indulged. During the first embrace, there was no emission; during the second, the emission was too late, and very scanty.

Took at 12 o'clock, before retiring, 3 drops of the medicine (30th).

November 5th. Slept well all night; had no new symptoms, or the return of any old ones.

November 6th, 7th, 8th. No symptoms. Repeated the dose on the night of the 8th, taking 4 drops of the preparation, from which could obtain no symptoms.

C. B. DREHER, 21 years of age, sanguine temperament, light hair. Had dyspepsia formerly, and feels symptoms of it occasionally now.

October 31st, 1866. Took one drop of the tincture at 6½ P. M.

At about 11 P. M., while lying on the stomach in bed, a feeling as if something turning and twisting in it, lasting about a minute.

November 1st. Slept well. In the morning on rising the usual bitter taste in the mouth is absent, and an unusual feeling of good health.

At 11 A. M. Suddenly a feeling of nausea in the stomach, accompanied by belching up wind, a feeling of emptiness in the stomach, and visible sinking in of the region of the stomach. This symptom lasted about thirty minutes.

At 3 P. M., immediately after eating, cutting in the region of the stomach, lasting five minutes.

Occasional loud belching of wind during the afternoon.

November 2. At 12 M. A severe dull pain in the region of the stomach, relieved by belching up wind.

At 6½ P. M. Pain in the right ear; when that disappeared it was immediately followed by fulness in the forehead and pain over the left eye; this symptom was immediately after supper.

November 3. No symptoms.

Took five drops of the tincture at 11 P. M.

Fifteen minutes afterwards a rumbling in the abdomen, as if a diarrhoea was coming on.

November 4. Slept well.

At 9 A. M. pain over the left eye, with soreness in the forehead; the right nostril is stopped up.

On walking into the open air the headache disappeared, and a watery coryza set in; the latter stopped again in the room.

November 5. At 11 A. M. feeling of emptiness and dull pain in the stomach for one hour.

At 11½ A. M. Drawing pain from the wrist towards the elbow, on left radial side.

At 2¼ P. M. Cutting pain in the sigmoid flexure of the colon.

At 3 P. M. After dinner, cutting pain in the left hypochondrium and stomach.

Had occasional belching of wind all day.

November 6. Coryza.

In the morning, when walking, the nose felt quite dry; on going into the open air discharge of water, which ceases in the room, and the nose feels dry and sore when breathing through it.

Secretion of urine is diminished and smells strong.

November 7. Rheumatic pains in both thighs, extending later to the hip and knee-joints; the pain is worse when first sitting down after walking.

Miss S., 30 years, temperament sanguine nervous.

November 2, 1866. Took at bedtime one drop thirtieth potency.

Some time after 1 o'clock, A. M., sleep disturbed by an irritation of the skin and pudendum, compelling scratching, which relieved.

November 3. Felt at different times during the day spasmodic attacks of itching in various parts of the body, principally in the scalp. No eruption was visible. Felt no return of the irritation during the night.

November 4. No symptoms to note until 4 o'clock, P. M., when the itching in the scalp returned, and about the same time I felt a dryness in the throat, with an apparent swelling of the uvula, and an accumulation of mucus about the posterior nares, which clogged the throat. The throat seemed raw, and swallowing scraped it.

November 5. The unpleasant sensations in the throat have all disappeared.

9 A. M. About this time I experienced in a warm room a severe cutting pain in the (hypogastrium) pit of the abdomen, accompanied with a looseness of the bowels; a desire to go to stool about once in every half hour. It lasted until 4 o'clock, P. M., with uneasiness.

Languor, pallid face, and a feeling of tightness of the skin around the mouth, the corners of which seemed drawn down, as usual when sick.

The cutting pain preceded each evacuation, which relieved it. The evacuations were not thin, but scanty, and accompanied by tenesmus in the rectum, which caused a dragging, bruised feeling in the ovarian regions.

10 P. M. Have felt no inconvenience of any description since 6 P. M.

During the proving more cheerful than usual.

Affections active.

Age twenty-one.

On Wednesday took 1 drop of the 8th; waited three days, and had no symptoms.

On Saturday repeated the dose at 3½ P. M., and before 7 P. M. felt a cold coming on; it kept increasing for two or three days, with discharge of thin mucus, excoriating upper lip, afterwards turning thicker.

Short dry cough at first, turning to a loose cough.

Partial stoppage of Eustachian tube.

Stoppage of nose in the morning.

J. J. H., aged twenty-one. October 31st, at 11 P. M. took one drop of the 30th potency; felt perfectly well at the time.

November 1st. Twice this morning felt a slight smarting pain in left side of palate.

Slight tickling in urethra several times this evening: generally low down, but once just at orifice of urethra.

November 2d. Once or twice to-day have felt some symptoms, though very slightly.

November 6th. Woke this morning with sensation of roughness and soreness in throat; worse on swallowing.

About 10 A. M., diarrhoeic stool, preceded by much tenesmus and slight nausea, followed by some tenesmus for a few minutes.

Increased secretion of mucus in throat, inducing cough, or rather hawking.

November 7th. Diarrhœa about 7 A.M., driving me out of bed.

Upper part of right side of pharynx sore; worse during dry swallowing; better on swallowing fluids.

At 12 M., another stool, almost entirely of yellow water.

In evening, about 9 P. M., severe headache in temples.

Feel dull; want to lie down; relieved by pressure.

On going into open air, about an hour afterwards, this headache disappeared; seemed to have been excited by emotion.

November 8th, at 10 A. M., diarrhœa same as yesterday, preceded and followed by much tenesmus.

Before stool a sensation of weakness and trembling.

After stool I feel better, though weak.

Also, during and just after stool, aching pain in glans penis.

Sleep last night was disturbed by dreams; vague, unremembered, lewd dreams.

November 9th. This morning natural, though scanty stool.

About 6 P. M. lighted a match, the fumes of which passed into my mouth.

Ever since have felt a constant tickling low down in pharynx; coughing and drinking relieve it momentarily.

November 10. Woke this morning with same irritation and desire to cough.

Feel oppressed for breath.

Desire to cough even increased to nausea at times.

Constantly want to draw long breath.

Pressure with fingers on trachea causes cough.

After breakfast head commenced to ache; first it felt extremely full, then dull pain in temples; on every step or sudden movement of body, felt pain more.

On going upstairs, or on sudden stooping, seems as though head would burst; coughing makes head worse.

Pain, as from excoriation, under upper part of sternum, at every cough; though there is a constant desire to cough, I dread to, so severe is this sensation.

Feeling of lump in lower part of pharynx, inducing constant deglutition; at times this lump seems to rise, almost suffocating me; by drawing long breaths as possible through my mouth this feeling of suffocation is removed.

On undressing at night had slight chill.

Head ached severely till I went to sleep.

November 11th. Slept well last night; no headache to-day; no feeling of lump in throat, except on first rising.

Desire to cough not so constant, though soreness under sternum the same.

November 12th. Woke this morning with throat very sore.

Cough and soreness in chest the same.

November 13th. Woke this morning with intensely sore throat; feel it most on coughing or swallowing.

Expectoration of cough sweetish.

About 3 P. M. took a dose of Sepia 3^m.

November 14th. Throat feels much better.

From this time I steadily improved until the symptoms all disappeared. I should have said above, before taking the Sepia I found it to correspond in every particular.

AUGUSTIN THOMPSON, thirty years. Has had chronic inflammation and much bleeding at the lungs, which terminated in an abscess, which was cured by homœopathic remedies. Since, the lungs have been very susceptible to morbid impressions. He was well when the proving of this remedy was commenced.

October 31, 9 P. M. Took one drop of the sixth attenuation on the tongue.

During the night dreams of being pursued by wild beasts, (unusual.)

November 1, from 7 A. M. to 1 P. M. Coryza in the right nostril (. . .), with constant inclination to sneeze.

After sneezing, a constant tickling sensation in the back part of the nostril.

Remarkable heat and confusion in the head, with a loss of memory of recent things; palliation of the heat and confusion by pressing the cool hand hard across the forehead.

The night was restless and full of dreams, (had studied hard.)

November 2. Intense itching in the right nostril from 6 A. M. to 1 P. M.; relieved always in the cool air.

Pain, dull and heavy in the left occipital region, with pale face, much heat in the head, and pressing from within outwards in the region of the temporal fossa; relieved by the pressure of a cool hand and a cool open air.

Occasional darting pains in the long muscles; have been constipated for two days.

November 3. The point of the tongue feels scalded and smarts continually.

A violent retching pain in the lobe of the left lung, from the front through to the back, with a congestive sensation and feeling, such as precedes bleeding at the lungs, lasting four hours, (from 9 A. M. to 1 P. M.)

Unusual heavy, dull aching in the left side of the head all day.

The memory seems deficient and head confused.

A slight pain under the left scapula all day.

Two stools to-day, (normal.)

A constant aversion to the application of the mind.

The scalded sensation at the point of the tongue since yesterday has continued, grown worse, spread all over the anterior half of the tongue, and there is a small burning, painful vesicle on the left side of the tip of the tongue, where the scalded sensation first started.

Throat dry and sore.

November 4. Continuance of symptoms of the 3d, with a decrease.

November 5. No symptoms; (mouth so sore took *Sepia*.)

Miss M. Temperament nervous-lymphatic; age, 28 years; took on Thursday evening one drop of the thirtieth.

Had pain at night; violent, but too sleepy to notice where.

The next day, morning, a spasmodic pain, commencing under right clavicle and extending down to the right side of chest and back; felt the pain twice, severely, when laughing; could not finish the laugh.

Exhilaration of spirits and a feeling of lightness and happiness.

Less languor from fatigue than usual.

Miss V., age twenty years; temperament lymphatic; took on Thursday evening one drop thirtieth.

A sharp pain in the right side in the region of the liver, extending to the shoulder-blade; not constant, nor coming on at stated times, but mostly in the morning between eight and two o'clock.

A yellow appearance of the skin, particularly around the mouth and neck.

A feeling of sickness and languor; lasted a whole week, with depressed spirits, sad manner.

H. M., age 36. Temperament, nervous bilious; took on Thursday two drops, thirtieth.

November 1. Next day, once in the morning, and once in the afternoon; felt a transient, tensive aching in right ear.

For several days unusual cheerfulness and hopefulness; no more symptoms.

PROVING BY M. M. WALKER, twenty-one years.—November 8, 1 o'clock, midnight, took one drop of fifteenth potency, after hard study.

1. Awoke at 7 A. M. and blew a plug of soft mucus out of right nostril.

2. Felt a vertical drawing streak on muscles of left breast, half way between nipple and sternum; this came quickly, about twelve inches long, seemed to spread like a feather each way from the median line; it went as quickly as it came.

3. At 3½ P. M. Sensation of tingling running down the right nostril, immediately followed by a few drops of arterial blood. I was busy writing, and stopped it with cold water.

4. At 4½ P. M, tingling in right nostril, causing sneezing.

5. Heaviness of right side of the head, with drowsiness.

6. Pain from the centre of the brain, extending to the parietal protuberance on right side.

7. November 9, 9 A. M. Left ear feels as if it had cotton in it, impeding hearing.

8. Dulness of right side of the head.

Symptom 7—I am not sure was the effect of the medicine, as my ear had a little wax in it; but this feeling did not go for some minutes after the wax was extracted.

SUPERNUMERARY FINGERS.

BY CHARLES NEWTON, M. D.

An interesting case has lately occurred in my practice, which may be worth relating.

The patient, a colored child, born on the 1st of November, 1866, with an extra finger on each hand. The additional one was in connection with the little finger; the supernumerary member being smaller than the normal one, but well shaped, and furnished with an excellent nail. The attachment was purely cutaneous; these I removed close to their attachment, leaving a sufficiency of integument to cover the wound; very little bleeding accrued, and no deformity of the hand remains.

CHARACTERISTICS.

BY CONSTANTINE HERING, M. D.

The students of the Philadelphia Homœopathic College have, since several years, imprinted the characteristics and peculiarities of our medicines, which were occasionally mentioned in the different lectures, very effectually on their memories in the following manner: they wrote the symptom on one side of a common visiting card or piece of paper, and on the other side, the name of the remedy. By taking up these cards separately, the name of the remedy turned downwards, they could at once ascertain whether at first sight of one of these symptoms they also knew with certainty the remedy to which it belongs,—whether they were not quite sure of it,—or whether they had entirely forgotten it.

Every one who repeated this often enough, and also did not neglect later repetitions, had a useful treasure of indications always at his command.

We now have a series of such cards printed, on the one hand to make them more convenient and handy, on the other to obviate all misunderstandings, and also that others may derive benefit from them, for even the older practitioners will gladly, and not without adding to their store of knowledge, join in this pastime of the students. But not only for this reason, but chiefly, that in this way the unsystematic disorder of such collections may be brought into a more appropriate order, and so be imprinted on the mind. And if the first series meets with approbation, a second one, completing the first and containing further polychrests, might follow.

Perhaps an entire class of diseases might even be comprehended as far as possible in these *chief indications*, to be published in later editions; for instance, the great touch-

stone of our art,—prevailing or intermittent fevers; or diseases of women and children, etc.

Perhaps, also, comparative cards might be added, giving similarities, opposites, etc.

The first series is limited to thirty of the most important and most applied remedies, and the symptoms which Hahnemann himself designated as characteristic were principally chosen; to these were added those which prove to be next of importance in comparison, that is, such symptoms by which the remedies here chosen are distinguished from one another.

The best way of using these cards is the following: Spread them on the table before you, with the names of the remedies uppermost, and arrange them accordingly; then choose a remedy, turn over the cards and read off the symptoms. These might, if desirable, then be arranged in the order adopted by Hahnemann and read over again. Next choose another remedy and proceed in like manner. It would be a poor memory that finds it difficult to retain these two; most persons may confidently add a third. These cards of three are then mixed, and either taken up at once for repetition or laid aside for future use.

The game then is simply this,—the mixed cards are taken up singly and after reading the symptom ask yourself, which remedy has this? Only four cases are possible.

1. You know the right remedy with certainty.
2. You think you know it, but you do not feel quite sure.
3. You do not know it.
4. You take it to be a different one than it really is.

Turning your card over (the long way, for they are printed so for convenience), you will see at once which of the four cases have occurred. The cards belonging to the first case are now laid aside, and those of the second taken up to be studied over separately, by reading first the remedy, then the symptoms. Hereupon you place first and second class together, and mix them and repeat them separately. Every thing about which you are not quite certain, put

with the other uncertain cases and reserve it for a following exercise. The next day take up the latter alone, without first reading them over again, and sort them again according to what you remember or have forgotten. As soon as the number of those you do not know decreases, you may add a fourth or fifth remedy in like manner, and so on every day. In this way you will always have two sets of cards—those known and laid to one side, and those of which you are not quite sure. The latter must, by preference, be taken up daily until you have gone through the whole first series, and then take up all the cards at once and repeat.

Whoever adds but one remedy each day to his knowledge, will need a month; those who take two, but a fortnight to get through with the whole first series, and will then have all before him for daily questioning and assorting. Those whose memory does not act quickly, but retains what is gradually acquired with all the more certainty,—and that is the best and happiest memory,—let them take their own time, for in the end they will gain more than those whose memory acts quickly at first, without being retentive. Regular repetitions are alike necessary to all.

After entirely mastering the first series, do not let more than a week elapse before going over all the cards again; later, you may wait a month, and, after knowing all correctly several times in succession, do not omit a yearly repetition. Once a year take your entire collection and begin over again. Of course all cards which are then not known perfectly must again be repeated daily or weekly, until the test succeeds and your memory at once, without hesitation or uncertainty, furnishes you with the name of the remedy belonging to each symptom. Each such repetition of all the cards will require an hour's time at the most. It will be advisable sometimes to choose morning and sometimes evening hours for impressing them on your memories as well as for the repetitions, as very often

there is a difference in the mental powers at different times of the day.

All who have in this way acquired, what experience has taught us to consider important and often deciding in the choice of remedies, will now easily add the more and more to this, and will gladly accept all new information. They will not be afraid of new remedies, if the communications are only made so as to determine accurately when the remedy is to be given. But they will also soon be able to add their own to the few observations here given; they will give remedies with greater certainty, or be able to rectify or correct them.

No one should let such observations or rectifications be lost, but give to others an opportunity of benefiting by them, and, on their part, testing their truth.

PUBLICATIONS RECEIVED.

COMPARATIVE MATERIA MEDICA OF DR. H. GROSS.—Translated and Edited by Constantine Hering, M. D. F. E. Boericke, Philadelphia, 1866.

In the January number of the Monthly (p. 250, Vol. I.), appeared a short account of the reception in this country, by Dr. Hering, of the original MS. of this great work. And now, after some months of the most indefatigable labor of love, our colleague presents to the Homœopathic profession the life-work of the lamented Gross, which, through the liberal enterprise of the publisher, has been issued in a style that at the same time corresponds to the intrinsic value of the work itself, and best promotes its practical use. This great work, which we believe to be at once the most elaborate, the most accurately and the most handsomely printed of all which have hitherto appeared in the Homœopathic literature of this or any other country, must be seen to be understood and must be practically used in order to be thoroughly appreciated. And while referring the reader to the descriptive circular and sample of its pages, we would still further invite attention to some of its more prominent features and advantages.

I. The Comparative Materia Medica of Dr. Gross contains nearly five hundred faithful and most elaborately drawn comparisons of one remedy with another and similar one.

II. By thus exhibiting the *differential diagnosis* of such remedies as are similar in their effects, this work will in a most remarkable manner *promote scientific accuracy in prescribing*, and thus in an eminent degree enhance the personal success of the physician.

III. By thus enabling the physician to prescribe the exact remedy in each instance, this work will remove one of the most plausible excuses for the unfortunate practice of alternation; and thus directly tend to secure to the practitioner a far more accurate and profound knowledge of the powers of individual remedies. While this work primarily affords the means of a more critical pathogenetic acquaintance with the remedies, its use cannot fail to lead to a corresponding accurate knowledge of their (clinical) curative action.

IV. This work has been translated from the German into English with the most scrupulous exactness, thus securing a more correct rendering of many pathogenetic symptoms and phrases, which belonged to the former language in the original provings.

V. This work is enriched by the varied and profound pathogenetical and clinical knowledge of its American Editor, who has made to it also such additions as were necessary to bring it down more nearly to the present state of the Materia Medica in this country. And in this the Editor has also availed himself of the contributions of others, to whom in each instance he has given the proper credit.

It will be observed, that the pages are not numbered; this omission is for the purpose of subsequently incorporating other comparisons into the body of the work (which is stereotyped), such as will be needed in order to enable it to correspond to our constantly increasing Materia Medica. While the comparisons themselves are, with a very few exceptions, confined each to a single page. In those few that necessarily occupy more than one page, the whole is contained in the two opposite pages. And the comparisons being of various lengths, some much longer than others, this object was secured only by the use in some pages, of different sizes of type;—this method, of course,

greatly increased the difficulty and expense of printing the work; but will be found in a still greater degree to enhance the facility of its use and its practical value.

The superior manner in which this important work has been stereotyped and printed, reflects no small credit upon our friends of the well-known firm of King & Baird, to whom the Homœopathic profession and public are under many obligations.

F.

BRITISH JOURNAL OF HOMŒOPATHY. The October number, just received, completes the volume for 1866. The most remarkable feature of this volume consists in the proving of *Chelidonium Majus*, by Dr. O. Buchmann, of Alvensleben, which, commencing in the previous volume, occupies more than one hundred and eighty pages in this. The article on the Balance of Functions, by Dr. H. R. Madden, affords much food for thought.

UNITED STATES MEDICAL AND SURGICAL JOURNAL. *October.*—This number begins the second volume. The first volume contains many interesting original or translated papers; some of which are of great practical value, while others belong to the lighter walks of medical literature.

The Report on *Trichiniasis*, by Dr. Lord, together with the account of cases observed by Dr. Hindman in Iowa, and published in the December number of the Hahnemannian, will furnish all that is or needs to be known of a disorder in which *prevention* is the only safeguard.

Dr. Hale's proposed plan of "*Tincture-trituration*," deserves attention. Of the entire tincture, including the sediment, which may and often does contain the most important elements of the remedy, one hundred drops are added to one hundred grains of granulated sugar of milk, and the whole triturated in a mortar slightly warmed, till perfectly dry. The second and third triturations to be made also with the same granulated *sac. lac.*, the subsequent triturations with the ordinary fine sugar of milk. One great difficulty in the way of preparing triturations in this manner, will be found in the fact that very few persons could make such a trituration without having their systems

powerfully affected by the finer particles of the drug itself arising in the alcoholic fumes.

THE NORTH AMERICAN JOURNAL OF HOMŒOPATHY. *August–November.*—The August number contains an interesting Report on Natural Labor, by Dr. I. S. P. Lord, in which the wonderful efficiency of the homœopathically indicated remedies, in the 30th potency, in obviating the necessity for using instruments, is well illustrated. The November number contains a resumé, by Dr. F. W. Hunt, of the natural history and clinical and pathological knowledge of *Sanguinaria Canadensis*.

AMERICAN HOMŒOPATHIC REVIEW.—The double number just received completes the sixth volume, and with this volume the publication of the Review is suspended for the present. Various reasons have combined to produce this result; some of them, such as the necessary absence of the Editor, being of a temporary nature, we confidently expect that the publication of the Review will be resumed at no very distant day.

Always ably conducted, and in many of its issues enriched by contributions from the foremost men of the profession in this country, the Review has done good service in the cause of Homœopathic truth. And since it was latterly made “the special advocate of the high potencies in the treatment of diseases,” its friends have now the satisfaction of seeing articles avowedly in favor of such preparations, or illustrative of their beneficial action, appear in almost every Homœopathic Medical Journal in the country.

Surviving many vicissitudes in its editorial staff, the six volumes which compose what we hope may be but the *first series* of the Review, will be considered indispensable to every Homœopathic Medical Library. And both the Review and the Homœopathic profession are under very great obligations to *Dr. Carroll Dunham*, the Editor-in-chief, during the last three years, for his self-sacrificing efforts and numerous and valuable contributions to our literature. True, there are now nearly a dozen Homœopathic periodicals in this country, but, in reference to the Review and its Editor, we may say that we could have better spared a better Journal and a better Editor,—*if we could have found them.*

JOURNAL DISPENSAIRE HAHNEMANN, de Bruxelles; France. Edited by Dr. Mouremans. July and October.

Our readers will see that we have made good use of this Journal, in translating from its pages the interesting paper on *Gastralgia* (*Hydrastis*, c.), in our third number; the important article on *Tobacco*, in our fourth issue; and the very valuable proving of *Cubeba*, which appeared in the fifth or December number.

AMERICAN HOMŒOPATHIC OBSERVER, December.—Edited and published by E. A. Lodge, M. D., Detroit.

EXTRA SIZE OF THIS NUMBER.—In order to insert the whole of the very interesting paper on Intermittents, by Dr. Williamson, and at the same time present at once the new and extended proving of *Hydrastis*, it was found necessary to add sixteen extra pages to the present number.

DEGREES CONFERRED.

The Honorary Degree of Doctor of Medicine was conferred upon DOCTOR ROCCO RUBINI, of Naples, Italy; and the MARQUIS DE NUNEZ, of Madrid, Spain, by the Homœopathic Medical College of Pennsylvania, at the late meeting of the Faculty, in consideration of the great and valuable services which these distinguished gentlemen and eminent physicians have rendered to the cause of Homœopathy in their respective countries, and the world at large.

THE USEFUL ALMANAC FOR 1867,

Containing a list of all public offices and their location in the City and County of Philadelphia, with the term of office and mode of election, or appointment of incumbents, with a description of the principal public institutions and mode of gaining access to them; the location of all Churches, Bible, Tract, Missionary and other Societies; Benevolent Institutions, Asylums, Cemeteries, Libraries, Banks, Railroads, Ferries, Foreign Consuls offices, and other useful information, of interest to citizens as well as strangers. Illustrated with numerous engravings of Public Buildings. KING & BAIRD, Publishers, 607 Sansom street, Philadelphia. Price 20 cents per copy. Sent free on receipt of price.

CONSTITUTION AND BY-LAWS
OF THE
HOMŒOPATHIC MEDICAL SOCIETY OF
THE STATE OF PENNSYLVANIA.

Article 1. This Association shall be known as the Homœopathic Medical Society of the State of Pennsylvania, and its object shall be the advancement of medical science.

Art. 2. Any physician of good moral character, who has received the degree of Doctor of Medicine from some regularly incorporated medical college, and who subscribes to the doctrine "*Similia Similibus Curantur*," may be elected a member of this Society upon the recommendation of the Board of Censors, by a vote of two-thirds of the members present, at any annual meeting.

Art. 3. Every member shall, upon his admission, sign the constitution and pay the initiation fee.

Art. 4. Any non-resident physician, who may be judged worthy from his attainments in medicine or its collateral branches, may be elected a corresponding or honorary member by a vote of two-thirds of the members present, at any annual meeting, and may participate in the proceedings of the Society, but shall have no vote, and shall be ineligible to office.

Art. 5. The officers of this Society shall consist of a President, two Vice-Presidents, a Recording Secretary, a Corresponding Secretary, a Treasurer, and three Censors, who shall be elected by ballot by a majority of the members present, at every annual meeting, and who shall hold office until their successors are elected.

Art. 6. The President shall preside at the meetings of the Society, preserve order therein, put questions, announce decisions, and appoint committees not otherwise ordered.

Art. 7. The Vice-Presidents, in the order of their election, shall discharge the duties of President in his absence.

Art. 8—Sec. 1. The Secretaries shall give notice of the meetings of the Society, keep a record of its proceedings, conduct its correspondence, and have charge of its archives.

Sec. 2. The Recording Secretary shall keep a record of

all the proceedings and resolutions, the names of all delegates and members, with the date of admission of each; notify all committees of their appointment and the business referred to them, notify all members of their election; authenticate, by his signature, all papers and acts of the Society when occasion requires it, and bring before the Society all communications and business needing its action not otherwise presented.

Sec. 3. The Corresponding Secretary shall receive and preserve all letters addressed directly to the Society, open and maintain such correspondence as shall tend to advance its interests, give at least two weeks previous notice of all meetings of the society to the members, keep a record of all the discussions on any and all the branches appertaining to medical science that may occur in the Society.

Art. 9. The Treasurer shall receive all moneys and make all necessary disbursements, and make an annual report to the Society in writing.

Art. 10. The Censors shall receive applications for membership, and report to the Society those qualified for admission.

Art. 11. The annual meetings of the Society shall be held at such time and place as shall be designated at the annual meeting next preceding.

Art. 12. Seven members of the Society shall constitute a quorum.

Art. 13. Any article of this constitution may be altered or amended by a vote of two-thirds of the members present, at the annual meeting; provided, that notice of such intended alteration or amendment shall have been given to the Society when in session at the annual meeting next preceding.

BY-LAWS.

Section 1. The annual meetings of the Society shall be held at 10 A. M., at the time and place decided upon at the annual session next preceding, and the President of the Society, with the concurrence of a majority of the Board of Censors, shall have power to direct such other meetings to be held as they may judge advisable.

Sec. 2. The initiation fee shall be two dollars, and each active member shall pay one dollar annually thereafter.

Sec. 3. At each annual meeting committees shall be ap-

pointed to report upon such subjects as the Society may designate.

Sec. 4. All communications read before the Society shall become its property; but no paper shall be published as part of the transactions of the Society without its sanction.

ORDER OF BUSINESS.

Sec. 5. At the meetings of the Society the following shall be the regular order of business:

1. Report of Censors and election of active and honorary members.
2. Report of the Treasurer.
3. Election of officers for the ensuing year.
4. Reports of committees appointed at previous meetings.
5. Unfinished business.
6. Appointment of committees.
7. Miscellaneous business.
8. Reading of minutes.
9. Annual address.
10. Adjournment.

Sec. 6. These by-laws may be altered or amended at any regular meeting by a vote of a majority of the members present.

SIGNED BY

Bushrod W. James, M. D., Philadelphia co., Philadelphia.
 Thomas Hewitt, M. D., Alleghany co., Alleghany City.
 Horace Homer, M. D., Philadelphia co., Philadelphia.
 Horace M. Logee, M. D., Crawford co., Linesville.
 C. M. Dake, M. D., Alleghany co., Pittsburg.
 J. C. Burgher, M. D., " "
 B. F. Dake, M. D., " "
 Geo. S. Foster, M. D., " "
 P. D. Liscomb, M. D., " "
 John E. Barnaby, M. D., Alleghany co., Alleghany City.
 Robt. Faulkner, M. D., Erie co., Erie.
 Marcellin Côté, M. D., Alleghany co., Pittsburg.
 M. Friese, M. D., Cumberland co., Mechanicsburg.
 Louis M. Rousseau, M. D., Alleghany co., Pittsburg.
 H. H. Hofmann, M. D., " "
 J. H. Marsden, M. D., Adams co., York Sulphur Springs.
 Wm. H. Cook, M. D., Cumberland co., Carlisle.
 Jas. H. P. Frost, M. D., Philadelphia co., Philadelphia.

F. B. Cooper, M. D., Alleghany co., Alleghany City.
 J. F. Cooper, M. D., " "
 M. W. Wallace, M. D., " "
 I. D. Johnson, M. D., Chester co., Kennett Square.
 Coates Preston, M. D., Delaware co., Chester.
 James Bayard Wood, M. D., Chester co., West Chester.
 D. Cowley, M. D., Alleghany co., Pittsburg.
 Wm. R. Childs, M. D., " "
 Jas. A. Herron, M. D., " "
 Robt. J. McClatchey, M. D., Philadelphia co., Philadelphia.
 J. P. Johnson, M. D., Westmoreland co., Latrobe.
 J. C. Richards, M. D., Clinton co., Lock Haven.
 David James, M. D., Philadelphia co., Philadelphia.
 Wm. Stiles, M. D., " "
 O. B. Gause, M. D., " "
 A. H. Ashton, M. D., " "
 W. M. Williamson, M. D., " "
 W. H. H. Neville, M. D., " "
 R. Ross Roberts, M. D., Dauphin co., Harrisburg.

The following physicians, having signed the call for the meeting that formed the State Society, are also entitled to membership in it upon signing the constitution and paying the fee of two dollars: provided, the same be done before the next annual meeting of the Society, which will be held in Philadelphia, Wednesday, May 8, 1867:

Bailey, C., M. D., Alleghany co., Pittsburg.
 Baker, J. T., M. D., Lancaster co., Lancaster.
 Barden, John M., M. D., Tioga co., Rutland.
 Barden, Wm. M., M. D., Tioga co., Mansfield.
 Becker, A. D., M. D., Northampton co., Laubacks.
 Berens, Jos., M. D., Philadelphia co., Philadelphia.
 Blakeley, W. James, M. D., Elk co., Benzinger.
 Bratt, B. R., M. D., Berks co., Reading.
 Brickley, Ira W., M. D., York co., York.
 Brickley, George, M. D., " "
 Brickley, O. C., M. D., " "
 Brooks, S. S., M. D., Philade'phia co., Philadelphia.
 Black, A., M. D., Alleghany co., Pittsburg.
 Boreland, W. C., M. D., Alleghany co., Pittsburg.
 Brown, Samuel, M. D., Philadelphia co., Philadelphia.
 Brous, J. Kelsay, M. D., Bucks co., Bristol.
 Bute, G. H., M. D., Northampton co., Nazareth.
 Bryan, John, M. D., Beaver co., Service.

- Bryan, Thos., M. D., Beaver co., New Sheffield.
 Clayton, A. H., M. D., Bucks co., Doylestown.
 Detwiller, H., M. D., Northampton co., Easton.
 Detwiller, J. J., M. D., " "
 Dubs, S. R., M. D., Bucks co., Doylestown.
 Dudley, Pemberton, M. D., Philadelphia co., Philadelphia.
 Frazier, I. B., M. D., Crawford co., Conneautville.
 Fager, John, M. D., Dauphin co., Harrisburg.
 Fager, Chas. H., M. D., " "
 Freedly, Samuel, M. D., Philadelphia co., Philadelphia.
 Gardiner, Richard, M. D., " "
 Guernsey, H. N., M. D., " "
 Hark, Joseph, M. D., Northampton co.
 Harvey, Joseph P., M. D., Alleghany co., Pittsburg.
 Helmuth, W. S., M. D., Philadelphia co., Philadelphia.
 Hering, C., M. D., " "
 Howard, J. G., M. D., " "
 Jeanes, Jacob, M. D., Philadelphia co., Philadelphia.
 Jones, Joseph C., M. D., Chester co., West Chester.
 Jones, Stacy, M. D., Delaware co., Darby.
 Karsner, C., M. D., Philadelphia co., Germantown.
 Koch, A. W., M. D., Philadelphia co., Philadelphia.
 Lancaster, Charles, M. D., Montgomery co., Pottstown.
 Lee, J. K., M. D., Philadelphia co., Philadelphia.
 Lewis, R., M. D., Philadelphia co., Frankford.
 Lippe, A., M. D., Philadelphia co., Philadelphia.
 Moore, Thomas, M. D., Philadelphia co., Germantown.
 Malin, Geo. W., M. D., " "
 Morgan, John C., M. D., " Philadelphia.
 Metzgar, S. H., M. D., Lancaster co., Lancaster.
 McClellan, R. C., M. D., Butler co., Glade Mills.
 Morris, Joseph P., M. D., Tioga co., Mansfield.
 Neidhard, C., M. D., Philadelphia co., Philadelphia.
 Power, W. R., M. D., Montgomery co., Norristown.
 Pratt, H. C., M. D., Philadelphia co., Philadelphia.
 Preston, Mahlon, M. D., Montgomery co., Norristown.
 Raue, C. G., M. D., Philadelphia co., Philadelphia.
 Reading, Edward, M. D., Montgomery co., Hatboro'.
 Reading, John R., M. D., Philadelphia co., Somerton.
 Roseberry, C. I., M. D., Northampton co., Easton.
 Simkins, Ellis, M. D., Armstrong co., Slate Lick.
 Semple, Matthew, M. D., Philadelphia co., Philadelphia.
 Sims, Francis, M. D., " "
 Slough, G. D., M. D., Northampton co., South Easton.

Smith, Wm. H., M. D., Philadelphia co., Philadelphia.
 Stevenson, T. C., M. D., Cumberland co., Carlisle.
 Taudte, F., M. D.
 Tietze, Emil, M. D., Blair co., Altoona.
 Toothaker, C. E., M. D., Philadelphia co., Philadelphia.
 Townsend, E. W., M. D., Westmoreland co., Greensburg.
 Trites, D. T., M. D., Philadelphia co., Manayunk.
 Wendt, C. I., M. D., Beaver co., New Sheffield.
 Willard, L. H., M. D., Alleghany co., Pittsburg.
 Williams, T. C., M. D., Philadelphia co., Philadelphia.
 Williams, A., M. D., Montgomery co., Phoenixville.
 Williamson, W., M. D., Philadelphia co., Philadelphia.
 Worthington, A. H., M. D., Bucks co., Addisville.

Officers.

President—J. B. WOOD, M. D.

Vice-Presidents—J. H. P. FROST, M. D.; J. C. BURGHER, M. D.

Recording Secretary—BUSHROD W. JAMES, M. D.

Corresponding Secretary—R. J. McCLATCHEY, M. D.

Treasurer—D. COWLEY, M. D.

Censors—DRS. COATES PRESTON, H. H. HOFMANN, AND R. FAULKNER.

PENNSYLVANIA STATE HOMŒOPATHIC MEDICAL SOCIETY'S
 DELEGATES AND COMMITTEES APPOINTED.

Delegates to other Homœopathic Societies.

To Illinois—Drs. D. Cowley, W. R. Childs and H. Hofmann.

Ohio—Drs. M. Côté, Jas. A. Herron and J. F. Cooper.

Massachusetts—Drs. J. D. Johnson, H. Homer and J. H. P. Frost.

New York—Drs. Bushrod W. James, Coates Preston and R. J. McClatchey.

Michigan—Drs. C. M. Dake, R. Faulkner and M. W. Wallace.

Wisconsin—Drs. Geo. S. Foster, J. C. Burgher and A. Black.

New Hampshire—Drs. M. Preston, R. C. Smedley and D. R. Barden.

Western Institute of Homœopathy—Dr. W. H. Cook, of Carlisle.

Canadian Institute of Homœopathy—Dr. J. C. Richards, of Lock Haven.

Committees on Scientific Subjects.

1. Homœopathy and Clinical Medicine—M. Friese, M. D., of Mechanicsburg.
2. Drug Provings and New Remedies—W. Jas. Blakeley, M. D., of Benzinger.
3. Anatomy and Pathology—J. C. Morgan, M. D., of Philadelphia.
4. Surgery—Bushrod W. James, M. D., of Philadelphia.
5. Anæsthetics (general and local)—W. H. H. Neville, M. D., of Philadelphia.
6. Obstetrics—J. H. Marsden, M. D., of York Sulphur Springs.
7. Chemistry as applied to Medicine—Thos. Hewitt, M. D., of Pittsburg.
8. Physiology—O. B. Gause, M. D., of Philadelphia.
9. Asiatic Cholera—J. H. P. Frost, M. D., of Philadelphia.
10. Statistics of Cholera and other diseases treated by Homœopathy—D. Cowley, M. D., of Pittsburg.
11. Medical Diagnosis—R. J. McClatchey, M. D., of Philadelphia.

Committee on Charter.

Doctors R. J. McClatchey, R. Ross Roberts, Bushrod W. James, J. K. Lee, and J. C. Burgher.

Those entitled to full membership can write out their name in full, with post office and county address, and remit with the fee to the Recording Secretary.

All Homœopathic physicians throughout the State are solicited to write articles of interest upon some medical or surgical subject, for presentation at the next annual meeting of the Society. The articles, when finished, can be sent to the Recording Secretary any time during the year.

BUSHROD W. JAMES, M. D.,

Recording Secretary,

No. 609 North Eighteenth Street, Philadelphia.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY

ROBERT J. McCLATCHEY, M. D., SECRETARY.

BUSHROD W. JAMES, M. D., SCRIBE.

The November meeting of this Society was a highly interesting one. In the absence of Dr. Gardiner, Professor Frost was called to the chair. The minutes of the last meeting were read and approved. The Committee on Cholera reported progress.

The following resolutions were then submitted by Dr. B. W. James:

"*Resolved*, That this Society lay before the friends of Homœopathy the importance of establishing a large general Homœopathic Hospital in this city, and that they be urged to start a subscription list for that object; the said hospital not to be commenced until funds to the amount of \$50,000 be pledged towards its accomplishment.

"*Resolved*, That a committee of five, of which the President of this Society shall be Chairman, be appointed to consider the whole subject, including plans and estimates of probable cost, &c., and report to this Society at a future meeting."

On motion the resolutions were accepted, and their consideration postponed until the next meeting.

The discussion on Intermittent Fever was then resumed.

Dr. Jeanes said—I approach this subject with feelings of humiliation. My pride as a physician is shocked. What! Has the *bisherige arzneischule*, the school of medicine prior to this time, or rather the pre-Hahnemann school, done nothing in this disease, which has existed for centuries? Has all the experience of the past done nothing, or worse than nothing, for the help of those suffering from intermittent fever? If such be the result of the observations and experience of the able and industrious men of the past centuries, what ground of hope have we that our research will be rewarded with any greater success? If *they* were deceived in regard to the utility of their remedial means, are we not likely to be equally so with ours? Hahnemann says, in paragraph 244 of the *Organon*: "The intermittent fevers of marshy countries makes much for the *bisherige artzwelt* to do, and yet a healthy man in his younger years may live and remain healthy, if he pursues a faultless course of life, and is not depressed by want, hardship or disturbing passions. The endemic intermittent will attack him only as a new comer, but one or two of the smallest doses of highly potentized solution of Cinchona bark will, with a properly ordered course of life, soon free him from it. But there are persons who, by proper movement of body and healthy mental and bodily diet, cannot be freed from marsh intermittents by this means. In these cases there always lies for foundation a *psora* striving for development, and these intermittents cannot be cured in the marsh country without antipsoral treatment. At times there happens by these sick, if they exchange without delay the marsh country for one dry and mountainous, an apparent recovery—the fever leaves—if they are not too deeply sunk in disease, that is, if the *psora* is not fully developed in them, and therefore comes again into its latent condition; but never will they become healthy without antipsoral help."

The *bisherige* doctor-world may retort, that marsh intermittents make much for the Homœopathic doctor-world to do. For the num-

ber of these persons whose ague will not yield to one or a pair of the Cinchona doses, let them be ever so small, is very great. So great, indeed, as to give great labor and anxiety to the Homœopathic physician who has many cases to treat. There are cases of perhaps all forms of intermittent fever which yield to apparently very feeble powers. These are the cases which have disappeared after charms, animal magnetism, &c. The cures from minute doses of Cinchona are probably much more numerous. But still the cases of protracted cure are very numerous. And in this day, when a few grains of quinine will do the work which was formerly done with an ounce of powdered bark, there are few persons willing to endure the constant suffering for weeks from a disorder which can be apparently removed in a few days by a few pills of the sulphate of quinine. It is true that the disorder often recurs in one, two or three weeks, and the same treatment has to be renewed, and this may happen several times. But even the patients who have suffered these relapses often regain their former health, and sometimes even an improved state of health may show itself. But it is also true that the Quinine produces disorders which forbid its further use, and that in some cases the state of the patient after the disappearance of the ague, caused by this treatment, is such, that we must be satisfied that the treatment was injurious. Care should be taken in every thing relating to medicine to avoid yielding to prejudice, and attributing results to wrong causes. Old, neglected intermittent fevers have produced diseases of the liver and spleen, often with great enlargement of the latter, followed by dropsical affections, and terminating fatally. Should the visceral derangement, which appears after the use of Quinine, be attributed entirely to the medicine, when the disease for which it is given is capable of producing these visceral disorders? And yet we should not deny the power of Cinchona to produce derangement of the viscera, dropsies, etc.; for we recognize the disorder of the system which it produces to be similar to that produced by the cause of marsh intermittent fever. The pre-Hahnemann doctor-world owed the discovery of the value of Cinchona in the cure of ague to the half civilized Peruvian, and we are under great obligations to the old school for this great homœopathic remedy; great, indeed, if one or a pair of doses of high dilution of its solution will cure a majority of cases of marsh intermittent fever.

Here my respect for the medical profession begins to revive. The pre-Hahnemann physicians had not been doing nothing. They had recognized Cinchona as a grand remedy in intermittent fevers, and Hahnemann recognizes it as the remedy—would it be too strong an expression to say the specific remedy? for that disease.

Here the Homœopathist and the Allopathist agree as to the applicability of the same remedy for the same disorder. But there is one great difference yet remaining to be considered. The old school physician gives the drug in what may be called massive doses, whilst the Homœopathist generally gives it in imponderable doses. The old school doses appear in some cases to be very useful; indeed in some cases to have some advantage over the doses of the Homœopathist. I need not state these, for every observant physician who looks carefully into the results of his own practice, and as far as he can into the results of his neighbor's, will understand how to apply this remark. Whether the Homœopathic physician will ever act to the best advantage of his patient in administering the Homœopathic remedy in the large doses of the old school is a very doubtful matter, for there is another difference between the two schools in the accompanying treatment. The Homœopathist administers the remedy by itself. The old school physician thinks it

necessary to premise, accompany or follow the Cinchona with emetics or purgatives. Experience is deserving of the highest respect, and there is reason to believe, that whilst it taught him that Cinchona was a remedy for intermittent fever, it also taught him that his large doses were safer with this additional treatment than without it. It may, however, be that there are many cases in which massive doses of Quinine may be administered as safely, or even more so without, than with any adjuvants.

The matter of dose must be left to the judgment and experience of the individual practitioner. Let us trust that physicians, cultivating common sense, and employing it under the dictates of probity and benevolence, will attain to a higher and better knowledge of it than any we now possess.

There is another circumstance connected with intermittent fever which has also a strong bearing on the question of dose. This is the condition, or whatever else we shall name it, that Hahnemann alludes to as a *psora* striving for its development. There is a real condition of the system alluded to in this highly figurative language, and it is proper not to be misled by the figure. To my imagination, this phantom of *psora*, as here presented, lying in some crevice of the organization, watching his time for unfolding himself, and, like the bottle-imp of the Arabian nights, when the stopper is removed, developing himself into a malignant and enormous genius. Hahnemann has here employed language rather carelessly, and has thus opened the way for a great misapprehension of his meaning. He certainly never meant the thing which suggested itself to my mind. Neither did he mean a morbid matter present in the system, quiet, but ready under favorable circumstances to produce its own form of disease. For he says: "The defenders of the absurdly accepted *krankheitsstoffe*, morbid matter, might be ashamed of themselves for having so inconsiderately neglected and mistaken the spiritual nature of our lives and the spiritual dynamic power of disease-exciting causes, and for having degraded themselves into scavenger doctors, who through their efforts would drive out of the sick body *krankheits-stoffe* which never resisted; instead of curing, destroying life."

Nor could he have meant an untuning of the vital powers, for to mistune is action; and how this can exist for any length of time without producing effects, is not quite comprehensible.

But he meant what the old school contents itself with calling latent disease, and which he terms the latent condition of *psora*. Now latent disease is, as its name implies, simply hidden disease. It is disease injuring the system, but in such form or degree as not to be within the scope of our at present limited observation. That there is such form of disease is owing to the fact of the existence of a power in the system to adapt itself to the situation in which it is placed, by making itself as comfortable as possible under the circumstances. Thus, when some agent modifies the cutaneous transpiration so that some one or more of the matters which should be separated from the blood by the excrements of the skin are not separated, we find the work thrown upon the kidneys or some other organ; and as the latter organ is not likely to perform double duty well, other organs are brought to operate in this system of balances, and this may go on for a very long time before the loss of balance is thrown upon some part with such force that it becomes sensible to us. Any part may be made the recipient of the evil. It may be the skin, and it may be there shown in the various forms of cutaneous eruptions. We can now understand how dangerous may be the effects of the cure of such diseases by local means.

The system being thus compelled to establish a new balance of action, may throw the mischief upon an organ, the suffering of which may be more dreadful and fatal.

As latent disease does exist, and all fevers have a tendency to break down the false balances, and in consequence often free the system of diseases which had been previously troublesome, and as intermittent fever appears peculiarly calculated to show out these diseases, which often yield, under these circumstances, very readily to the Homœopathic remedies in minute doses, these doses are to be preferred to the larger doses.

Dr. Lippe followed *Dr. Jeanes*. He said: We make a mistake at the outset if we treat and talk of treating intermittent fever! We, as Homœopaths, treat patients suffering from an exposure to and poisoned by the miasm. We find the key-note for the treatment of such patients in the beginning of the history of Homœopathy, when *Hahnemann*, while translating the *Materia Medica* of *Cullen*, and not being satisfied with that author's explanation of the curative action of Peruvian Bark in ague, determined to experiment with that drug upon himself. He was surprised to find that it produced in him actions similar to the phenomena exhibiting themselves when he had had intermittent fever.

Persons exposed to the poisonous miasma in different localities are differently affected, and a majority of cases will be cured by the same remedy in the same locality, but the individuality will often change the effects of the poison, and some individuals will be differently affected, and we can therefore not expect to find a specific for intermittent fever nor for any other form of disease. We are not as successful as we might wish to be in the treatment of intermittent fever patients, but we make our first mistake in endeavoring to treat the disease, the chills and fever. The intermittent fever, the chill, fever and sweat paroxysm are only the products of the poisonous miasma, and show the efforts of nature to rid herself of this poison, therefore the mere suppression of the paroxysms does not warrant the belief that thereby the patient is cured. We find cases in which an individual has been exposed to and has been poisoned by the miasm, and no chills appear at first. Such individuals suffer first from symptoms similar to those preceding typhus fever. If such a patient falls into the hands of a heroic practitioner he is apt to succumb on the third or fourth, or at latest on the seventh day, without a chill. The disease was never fully developed. If we treat such patients carefully they become better, but not well, the fever symptoms often assume the form of a neuralgia in the face, head, teeth, and after the appropriate remedy has been given for these the intermittent fever develops itself slowly. First, very short attacks of coldness of the hands, later a chill followed by fever, later still the hot stage is followed by perspiration. In fact the low state of health of the patient, his formerly impaired state of constitution, will not allow the disease to develop itself. Such patients we must not expect to cure on sight, or with only one or the first remedy. They will recover but slowly, and only under the effects of antipsoric remedies. Such are the cases of which *Hahnemann* remarks "intermittent fever patients will be cured by *China* off., provided they have always led a regular life, but in other cases not yielding to this remedy, antipsoric remedies must be administered." Professor *Samuel Jackson*, of the Pennsylvania University, taught for many years that the suppression of intermittent fever paroxysms by *China sulph.* in massive doses, leaves the patient in a worse condition than he was in before, as he then suffers from the uncured disease in addition to the *Chininum* malady.

The medicine must not only correspond by a similarity of the paroxysms, but must also be similar to the symptoms during the apyrexia. We hear a voice from the West, and especially from the valley of the Mississippi, that Homœopathic remedies will not suffice to cure the fevers of the South and Southwest; that the only remedy is Quinine, and that small doses will not act in that climate. This statement must be erroneous. In 1854, I had the pleasure of seeing daily for a month the oldest Homœopathic physician on this side of the Atlantic, Dr. Bousquet, of Havana, who practised Homœopathy there as early as 1820. He never gave any remedy below the 30th, adhered strictly to Hahnemannianism, and had earned a very great reputation in the cure of yellow fever and cholera. I know a gentleman of this city who was his friend and patient in 1832, during a cholera epidemic, when Dr. Bousquet was singularly successful with the 3000th potency. Now, if it answered there, why not in Louisiana and Mississippi. Dr. Bousquet was a very accurate prescriber. The *Mat. Med. Pura* and *Chronic Diseases of Hahnemann* were marked like an old prayer book. He constantly consulted them. That is the secret, and comparisons might be odious.

If, then, some cases, on account of their nature, require time for their cure, then the refusal to grant us such time should not prevent us from adhering to our principles, and rather allow the patient to seek his detriment at the hands of an ordinary doctor, with no other knowledge than "Quinine." We must refuse to administer a remedy which we know must be followed by bad, sometimes fatal results; and if our patients have learned to confide in us they will grant us all the time we think it necessary to ask, and they will fully recover in time. If we have found the corresponding remedy let us await its effects, and whatever may be the urgency and anxiety of the patient, we must wait. This urgent pressure has induced many of us, has induced me time and again to change the remedy, only to prolong the cure. Let us adhere firmly to the true principles of Homœopathy.

Professor Morgan stated that he had varied experience in intermittent fever cases. His most brilliant cures had resulted from the use of high potencies, and that as he became more thoroughly conversant with pure Hahnemannianism his success had increased. The Doctor stated that he proposed to give his views in regard to intermittent fever in a monograph, and that he had invited all physicians to send him records of cases, which invitation he desired to renew to the members of this society. He especially desired that the "key-notes" of the cases whereby the curative remedy had been selected should be given. What is meant by "key-notes." This is a phrase introduced by Professor Guernsey to designate not merely the characteristic symptoms, but those among them that from their singularity and wholly unique or invariable character seem to be master-symptoms, which, if present, necessarily imply that other mere characteristics are present also, as every piece of music must accord throughout with its key-note.

Dr. Morgan believed that the mode and place of beginning of the chill would prove of great value in making out the key-notes of intermittent fever. Thus, chill beginning in the back, *Capsicum*; this is disputed by *Nit. ac.* and *Nat. mur.* From a case he had recently had he should say for chill commencing in front of chest, *Apis*; also for chill beginning in the knees. Semilateral beginnings have ere this suggested *Rhus* and led to the discovery that *Rhus* covered all the symptoms. So of China in chills beginning between ankles and knees. *Gelsemium* will be infallible, in the absence of local lesion, for chill beginning in hands and feet. In one case it failed, but here *Bryonia* was clearly indicated. Chill beginning in the back and sides indicates *Ratania*.

In reply to a question, Dr. Morgan stated that he was glad of the opportunity to repudiate the remarks attributed to him in the published report of proceedings of Chester and Delaware County Society. He had simply alluded to the use of Nux and salt as to him a curiosity, without the slightest indorsement on his part. So of his remarks on Quinine, etc., and its tasteless character when acted on by Tannic, not "Idumic" acid.

Dr. Starkey related the case of a physician, a graduate of the Philadelphia Homœopathic College, who, upon going West into a malarious district, and practising with high potencies, found that he was unsuccessful, even after he had sought advice at the hands of one of his former teachers. He, Dr. Starkey, thought that perhaps in such localities the miasma was peculiar, so dense, as it were, and powerful, as to require a medicament that would antagonize or chemically antidote it.

Dr. Williamson followed. He said: I have listened with pleasure to the able remarks that have been made. I do not wonder intermittent fever has been made the corner-stone of a system of medicine, Chrono-thermalism. In this disease we find as it were an accumulation of maladies, a kind of representative disease. If we understand it fully we will be able to comprehend a great deal more about other diseases than we otherwise would, and so also if we know how to manage it well we will know better how to treat other diseases.

We have other forms of intermittent diseases besides miasmatic fevers—intermittents which do not consist in chill, fever and sweat in regular succession. We can have intermittent fever without distinct paroxysms, both with and without miasmatic influence. I have seen this season, and before also, patients laboring under the cause of intermittent fever without either chill, fever or sweat in regular paroxysms, the disease in an undeveloped state, such as just described by Dr. Lippe, and he is the first physician I ever heard speak of it. But whether these cases can be best accounted for by the doctrine of latent psora or other causes I am not now prepared to say, but certain it is that each case requires its own proper treatment. You can head off intermittent fevers just as you can head off other diseases, and it, like them, will take another form or change its course without being cured. Diseases are sometimes like the channel in the Mississippi river. It runs in one direction until its waters strike the bank or other obstruction, when it changes its course and pursues another direction until it meets some other obstacle. The paroxysms of this complaint may be arrested without the disease being cured, and on the other hand the chill, heat and sweat may continue, and yet the patient be improving all the time. It is very important that we should be acquainted with the natural history of the disease, and be able to perceive the difference between miasmatic and other forms of intermittent diseases.

Doctor Williamson said he had been in practice long enough to have had some experience in the treatment of intermittent fever according to the Homœopathic law. He had tried all dilutions and plans known to our school, and perhaps with reasonable success, but he felt free to say that he had come to the conclusion that it is a difficult matter to treat this disease satisfactorily. Some cases seem to get well rapidly but not thoroughly, while others appear to get along slowly, and in the end do the best. I have sometimes told my patients, after they have been living in miasmatic districts, and their systems were fully under the influence of malaria, that if they were free from the disease and all its consequences in three years they were lucky. Intermittent fever may and no doubt does require some modification of treatment both as to dose and repetition of dose, but in the nature of

things the Homœopathic law must be adapted to the cure of this disease as well as to any other disease. When I have not been as successful as I could wish, I never dreamed of attributing my want of success to the deficiency of the Homœopathic law, but always thought the fault was in myself in not properly applying it. If Homœopathy be based on a natural law, this must be so, for we have no right to think that the laws of nature are left at loose ends.

Dr. Frost remarked that there were two classes of cases of chills, the recent and the chronic. While the former are in reality cured by Homœopathic medicines more readily than they can be by Allopathic preparations, the latter are very often promptly cured by a single dose of the appropriate Homœopathic remedy, in cases which have proved intractable to all Allopathic treatment. This is in part to be accounted for on the one side by the fact that the large Allopathic doses of drugs only suppress the chill, change the form of the disorder without actually curing it. And on the other side it must be remembered that there must always be no small difficulty in curing a disorder caused by malarious poison, while still the patient is constantly exposed to its influence. So some of those afflicted with chills recover spontaneously when removed to a neighborhood free from malarious influences. Finally, in chronic forms of intermittent, in old cases of chills which may be supposed to be free from recent continued action of the malaria, the Homœopathic remedy has only to combat a definite amount of morbid influence in the system, and thus rapidly cures. And still it must not be overlooked that, just as syphilitic cases, long and vainly treated with Calomel, very rapidly and often very remarkably improve under the antidotal influence of Iodide of Potassium, so many cases of chills which have been fed with Quinine may be entirely and radically cured by such antidote to Quinine as the totality of the symptoms calls for.

Dr. Von Tagen related the following case of quotidian intermittent. Chill preceded by violent pain in head, with coldness of feet and legs as far as knees. The chill commenced about eleven A. M. and lasted from a half to two hours; more of a creeping character than a violent shake. It commenced in the dorsal region, gradually travelling upwards, and was attended with retching and desire to vomit. This symptom might, however, be attributable to pregnancy. The chill was followed by fever, flushed face, throbbing, dilated pupils, diplopia, and on closing the eyes she imagined her head was increased in size. Lateral pressure relieved the pain and throbbing. The fever lasted about an hour, and was followed by a warm moisture of the skin, not amounting to a sweat. The Doctor gave, as he thought, *Eupatorium perfol.*, but it was really *Eupatorium purp.*, and the patient was cured under its use. He also related two other cases of a somewhat similar nature cured by the inadvertent use of the same remedy.

Professor Morgan related a case of internal dislocation of the elbow, in which the ordinary processes for reduction, as recommended, were inefficient, and which was finally reduced by manipulation after a careful study of the anatomical relations of the parts, as follows: 1st. Extreme rotation of the whole extremity inwards, and fixing the humerus; 2d. Extreme supination of the radius; 3d. Placing the olecranon in its fossa, using the forearm as a lever; 4th. Hyperextension of the elbow, so as to disengage the coronoid process of the ulna; 5th. Fixing the olecranon *in situ* by external pressure; 6th. Carrying the wrist towards the outer condyle; 7th. Flexing the ulna and pronating the radius, keeping up pressure on olecranon; lastly, confining the limb in the straight position for a day or two. The Society then adjourned.

HOMŒOPATHIC MEDICAL SOCIETY OF
CUMBERLAND VALLEY.

The Society convened in semi-annual meeting at the office of Dr. Bender, in Carlisle, on Tuesday, November 6th, 1866, at 10 o'clock, A. M., and was called to order by the President, Dr. Marsden.

The minutes of the preceding meeting were read and approved.

The Secretary informed the Society that, in accordance with their wishes, he had addressed Prof. Ad. Lippe, M. D., of Philadelphia, inviting him to attend this meeting, and deliver an address before the Society and the public; which he kindly consented to do, if not unavoidably prevented by professional duties.

The Secretary also reported, that he had invited Dr. F. Ehrman to prepare and present to the Society a paper on the introduction of Homœopathy into the Cumberland Valley, and to attend our meeting, he being the first physician to practice the true system of medicine in this locality.

Not being able to attend, Dr. Ehrman sent a very interesting paper on his own conversion to Homœopathy, and its introduction in Carlisle and thence through the Valley, which was read to the gratification of the members, and ordered to be filed.

When Dr. Cook offered the following resolutions, which were unanimously adopted:

Resolved, That Frederick Ehrman, M. D., now of Cincinnati, Ohio, having been the first to practice and introduce Homœopathic medicine to the people of this Valley, more than thirty years ago, be elected an honorary member of this Society.

Resolved, That Prof. Ad. Lippe, M. D., now of Philadelphia, having been the successor of Dr. Ehrman, and a valiant co-laborer in the noble cause of Homœopathy in this Valley, be elected an honorary member of this Society.

Dr. Friese presented a report as delegate to the State Society meeting, at Pittsburg, which was accepted and ordered to be filed.

Dr. Marsden gave a very interesting verbal report of his attendance as delegate to the American Institute of Homœopathy.

Dr. Marsden called the Society's attention to mortuary statistics, suggested by reading a late article in an Eclectic Magazine, and disproving by his record the libellous assertions there made against Homœopathic practice.

The Society then adjourned to half-past one o'clock.

AFTERNOON SESSION—1½ P. M.

The President called the meeting to order.

Dr. Marsden presented a paper on the use of Anæsthetics in midwifery, which he read to the great satisfaction of the members.

A vote of thanks was tendered Dr. Marsden for his able and learned article, and a copy requested to place on file.

This paper bringing up the subject of Obstetrics, a number of interesting cases were reported.

Dr. Friese reported a case complicated with puerperal convulsions and accompanied with excessive uterine hemorrhage. Chloroform proved of invaluable service in controlling the convulsions. The length of the cord in this case is worthy of remark, being scarcely more than four or five inches.

Dr. Bender reported having attended four twin births during the past

year, and gave an interesting history of the cases. The mothers had been greater sufferers during the entire period of gestation, from nausea, from pain and the whole train of morbid symptoms that attend this state, and especially from bearing-down pains, than usually precedes single births. His experience with twin labors leads him to pronounce them more rapid and easier than single births, but the woman does not make so rapid a recovery.

Dr. Bender uses Puls. to stimulate uterine contractions.

Dr. Friese considers Caulo. one of the best promoters of uterine contraction.

Dr. Armstrong reported a well-established case of dysentery, attended with obstinate vomiting, cured by one dose of *lpec.*³, followed by several doses of *Mercur.*³

An invitation was extended by Dr. Stevenson to the members of the Society to meet Dr. Lippe in his parlor, this evening, at nine P. M., which was accepted.

Adjourned to meet at half-past seven o'clock this evening, in the Town Hall.

At the time named quite a large and select audience assembled to hear the learned address of Dr. Lippe.

A committee was appointed to wait on the Doctor, and request a copy for publication with the minutes of the Society.

Then adjourned to meet at Dr. Cook's office, in Carlisle, on the first Tuesday in May next.

WM. H. COOK, *Secretary.*

NOTICE.

At the suggestion of a number of Western members of the Homœopathic Society of Pennsylvania, the Board of Censors have directed me to call a meeting for the transaction of the business pertaining to the annual meeting, at Philadelphia, on the first Monday of June, 1867, at 11 o'clock, A. M.; in order that they may have an opportunity during the same trip to attend a meeting of the American Institute of Homœopathy, at New York.

The regular business of the meeting heretofore called for the second Wednesday of May, will therefore be transacted on the first Monday of June.

J. B. WOOD, M. D.,

President of the Hom. Med. Society of Pennsylvania.

BUSHROD W. JAMES, M. D.,

Recording Secretary.

PHILADELPHIA, PA., January 2, 1867.

THE
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THE QUESTION OF DOSES.

Read before the Homœopathic Medical Society of Philadelphia,
December, 1866,

BY ADOLPH LIPPE, M. D.

The question of doses has been discussed for a long time, and many are the arguments and reasonings offered in the medical journals of our school; but the question is not any nearer a satisfactory solution than when it was first started.

The paper which I have the privilege of reading before my colleagues to-day proposes to show the reasons why this question has not been solved—why it cannot yet be solved and must remain an open question till the solution is made practicable by means not yet at our command.

In order to do this, let us first take a retrospective, historical view of this question of doses; dwell for a moment upon its present position; point out the reasons why the solution is an impossibility at present; indicate the preliminary steps which must be taken in order to enable us to come to a final conclusion; and, finally, show how we have to proceed to take these steps and so present the question as to make its solution a possibility.

When Hahnemann first established the correctness of

the Homœopathic law of cure, the law of similars, he employed in his first experimental trials crude medicines in comparatively very small doses, smaller than the common school of medicine were in the habit of prescribing; but he found these comparatively small doses, when applied in accordance with the law of similars, caused such violent aggravation of sufferings that he was compelled to seek for means to avoid this great difficulty, and for that reason only did he resort, *at first*, to what he then called "dilutions," or rather a mere division of quantities. At a later period, while proving *Carbo Vegetabilis*, he illustrated, by the practical experiment to his followers, the theory of potentiation for the first time. The crude charcoal produced no effects on the provers, and then Hahnemann showed his pupils how to develop medicinal powers out of an otherwise inert substance, by trituration. And when the provers began to be affected by potencies of a substance which, in its crude state, had not developed any change of sensation in them, they became convinced of Hahnemann's correct observations; and their conviction grew stronger in degree as they further found that symptoms obtained by them from the potentized charcoal were true and reliable guides, under the law of the similars, in the selection of that remedy for the cure of the sick. Hahnemann found further, by experiment, that all other medicinal substances gained curative powers by potentiation; caused fewer aggravations of already existing symptoms, and were more efficacious in curing the sick. Hahnemann gradually diminished the dose, and this diminution kept pace with his increasing knowledge of the medicinal power of drugs by proving them, and by administering them to the sick, guided by the law of cure and the provings. And when Hahnemann published the *Chronic Diseases*, he declared that we will find the thirtieth potency all-sufficient, provided the symptoms of the remedy correspond with those of the disease, or in other words, if the remedy is truly Homœopathic to the case.

And even at that time there were found among his pretended followers men like Griesslich, who not only stubbornly refused to accept the small doses, but bitterly assailed the master on that account; and even then began the question of expediency against principle. This faction was wholly discarded by Hahnemann, and the most charitable construction we can possibly put on their conduct is this, that they imagined Homœopathy, as a new school, would be more acceptable to the Allopaths if it could only come before them without the so objectionable and so ridiculous pellet.

Hahnemann was not the man to yield to expediencies; he continued to diminish the doses, and all the opposition and slanders could not check him, and his fame increased day by day. His cures became a greater certainty as he advanced in knowledge and as he decreased the doses; and we are informed by reliable persons that the last edition of the *Organon*, which Mad. Hahnemann has for some time contemplated publishing, from his MS. in her possession, will show that he came to give still smaller doses than the thirtieth, as he advanced in experience. During Hahnemann's time do we find Korsacoff carrying the potencies much higher than before; and later, Jœnichen proposed to potentize medicines till he reached a point at which they would no longer retain curative qualities. He did this with fear and trembling, and the experiments made by him on himself, and by a few friends on themselves and others, revealed only the fact, that these, by him so called, high-potencies not only retained their curative powers, but that diseased conditions were cured by them when lower potencies had produced no beneficial effect.

In our days, we find our colleague, Dr. Fincke, following up the experiment; and he has carried the potencies to a much higher degree than any one before him. And we are assured by the testimony of such physicians as have carefully tried them, that they not only cured patients, but it is asserted that they are by far the most curative agents

ever employed. Not only have they been serviceable as curative agents, but the very highest potencies have been proved on the healthy, and the results obtained show the reliability of the experimental provings.

The opposition, which Griesslich & Co. began, (against the smaller doses,) has continued ever since, and, while he and those who followed him made it a question of expediency, we find others governed by principles only. Admitting the honesty of purpose of all contending parties, their object being to advance our school, it is obvious to the close observer of history, that expediencies never accomplish what can only be obtained by a strict adherence to principles. The belief of honest and well meaning physicians that the common school of medicine will adopt Homœopathy, if we only give up the theory of potentiation, is a grave error.

Again, we find, on the one side, those who are governed by the question of expediency not only give up one of the great principles, that of potentiation, but more or less other principles and most of the practical rules taught by Hahnemann. And, on the other side, we find those who have faithfully carried out the practical rules of Hahnemann, and are governed strictly by the principles taught by him, adhering to the smaller doses. On the one side, the small doses are entirely rejected; and on the other side, the question of doses is left open to the choice of the physician in each individual case. As a general thing, these latter prefer the higher potentized medicine, but hold that we have not yet found the law which must govern us in the selection of the dose in each individual case. And, while contending for the "minimum dose," that is, the dose just sufficient to cure, they admit that it must still remain an open question, what that minimum dose is in each individual case.

The question of doses was generally understood to be the question whether larger or smaller doses, lower, or higher potencies, were more preferable and more success-

ful in the cure of the sick. And the very fact of asking such a question, implied the supposition that either the lower or higher potencies were more efficacious in all cases, and that we were striving to generalize one way or the other. But since such a generalizing solution of the question is outside of, and incompatible with, the avowed Homœopathic principles of "individualizing," the question so put never was satisfactorily answered, and never will be.

The reflecting mind will seek a solution by a different mode of investigation. If we acknowledge the law of the similars as a fundamental principle in Homœopathy, we must apply that law in the selection of the remedy for the cure of the sick, and individualize in each and every case. Under the guidance of this principle, we cannot possibly expect to find specific medicines for specific forms of diseases; and—which is the same thing—we cannot generalize. To be more explicit, we find that Belladonna is not a specific for scarlet fever, nor Pulsatilla for measles, nor China for intermittent fever; since our avowed principle compels us to individualize in the selection of the truly curative medicine in each and every case. And, if we admit this, does it not follow, as a logical conclusion, that we must likewise find *in each individual case the true minimum dose for that case?* that we can as little generalize in the selection of the dose as we could in the selection of the remedy?

And we must so much the more become convinced of the fruitlessness of the means hitherto resorted to to solve a question which was not rightly put, if we look but for a moment at the unsatisfactory results obtained. To sustain this proposition, it is not necessary to dwell at length on the various articles published on the subject, for or against the exclusive use of either the lower or higher potencies; they have not brought the question nearer solution, for the obvious reasons above shown.

And we only refer here to the experimental trials of doses as reported by Dr. Eidherr, in Vienna. These trials

were made during ten consecutive years, from 1850 to 1860. All cases of pneumonia occurring in the Leopoldstadt Hospital, at Vienna, were treated for the first three years with the 30th potency; for the second period of three years with the 6th potency; and for the last four years with the 15th potency. The average time of sickness during the first three years, under the 30th potency, was 11.3 days; during the second three years, with the 6th potency, it was 19.5 days; during the third period of four years, under the 15th dilution, it was 14.6 days; showing conclusively that the results were in favor of the higher potencies, and that, in the same ratio as the medicines were administered in higher potencies, the duration of the disease became shorter. And even this very elaborate report proved but little; the only deduction which can possibly be drawn from it is, that the higher potencies proved to be superior to the lower ones in the treatment of *one* acute disease. The report has met the same fate as did the relation of other scattered facts on record, showing that in some isolated cases the higher potencies had been applied with great success. The adherents to the larger doses and opponents of dynamization *ignored* these reports, taking no notice of them, and, in some instances, they (*vide* Pope's articles) unhesitatingly acknowledged their utter ignorance of the existence of the elaborate report above referred to, or of other similar facts published in the journals.

And, from the consideration of all these facts, it is apparent that the question of doses remains an open one at present; it must be left to the choice of the physician to select, in each individual case, the dose according to the best of his own judgment, and that the whole range of doses must be left open to his choice. And this is the doctrine of doses taught in the Homœopathic Medical College of Pennsylvania for the last three years,—all the assertions to the contrary notwithstanding. It is true that, in the Dispensary and Public Clinic connected with this College, the patients have been exclusively treated with the higher and

highest potencies. The results of this treatment will be laid before the profession. The journals are carefully kept by members of the class, and it will be an easy task to make an extract from them, and give a report, not with the intention of settling definitely the question of doses; far from it: the report can only show whether the higher and highest potencies are capable of curing diseased conditions, and in what time and to what extent, and it can show nothing more. The investigating physicians will be free to draw such deductions and conclusions from comparisons of this with other reports as the facts may warrant.

If it is admitted that the question of doses remains for the present an open one, that the modes of investigating it have not brought it to a solution, because they were all in themselves in opposition to the avowed principle of individualization, it follows, therefore, that another mode of investigating the question must be pursued. And it is now my object to propose a plan which may lead to this end. And, if you will only follow me in my reasoning before adopting or rejecting the proposed plan, I hope you will accept it as the only feasible means of solving the question at issue.

When we wish to apply the law of similars to the cure of the sick, we seek for the truly Homœopathic remedy in our *Materia Medica*; and the same great repository of the knowledge of drug-action may also be applied to for the solution of the vexed question of the dose. Our *Materia Medica* is composed of, and has been obtained by, provings of medicines on the human organism; these provings have been made with large crude doses and with various potencies; different provers with differing individualities, of different sexes, ages, and temperaments, at different times and in different localities, under varying circumstances, have responded similarly, but differently to different and various doses. So-called diseases also cause variously differing symptoms on different individuals, endowed with differing

individualities, and their effects on each person are modified by the same conditions as are the effects of medicines on the provers. For instance, miasm and contagion will affect different individuals, either not at all, or similarly but differently: the altered conditions in both instances are modified by the individuality of the subject exposed to either of them, that is, the medicine or the disease. If these propositions are correct, we can and must draw the conclusion from them, that we can neither find a specific for a disease nor a uniform dose for every person suffering from the influence of disease; that in either case we must individualize and not generalize. If these propositions and the conclusions drawn from them are correct, they also carry with them the means of solving the question of doses. In order to solve this question, we must know—

1. What symptoms composing our *Materia Medica* were observed from crude drugs, what from the lower, the higher, and the highest potencies.

2. What symptoms were observed from all of them, and what symptoms only from the one or the other preparation.

3. Do the symptoms observed from all of them yield to all doses, or do they yield sooner or more permanently to the one or the other dose, and to which dose do they most readily yield?

4. Do the symptoms observed from large doses yield to the higher potencies?

5. Do the symptoms observed from higher potencies yield to lower potencies?

6. Do higher potencies cure cases which did not improve under lower potencies, or *vice versa*?

7. Must we ascend or descend in the scale of potencies, if the remedy has been truly Homœopathic to the case, and if the dose administered did not cause any improvement?

In a small way, we might, even at present, make an effort to have these questions answered, as we are in the possession of provings with *Apis*, *Sulphur*, *Thuya*, *Lachesis*, *Cam-*

phor, Lachnantes, Gelseminum, in all known doses, and with such remedies as Theridion, only proved in the 30th potency. But in order to arrive at a satisfactory solution of all these questions, we must be in the possession of a complete *Materia Medica*, and if the results of the experiment have solved the proposed questions, we will be in the possession of such facts as will enable us to draw conclusions from them, and they again will further serve as an unerring guide in the selection of the similar dose in every individual case. Till we have a *Materia Medica*, as above indicated, the question of doses must remain an open one, and be left, as it always has been, to the judgment of the practitioner in each individual case.

And, if the above arguments are admitted, it becomes also obvious that, as Homœopathicians, we cannot admit a distinction, which persons who deny the efficacy and admissibility of higher potencies contrary to historical facts, have been diligently endeavoring to make,—I mean the distinguishing and division of members of our school into high and low potency men. All honest men will no doubt join me in the desire and aid in the effort to solve the pending question; and till it is solved, till we have obtained practical rules derived from the experiments to be instituted, we must stand united and aid one another in this great work.

To show, in a familiar way, the utter absurdity of dividing our school into high and low potency men, you will please allow me to draw a timely comparison. And, for the present, I will only compare those so-called Homœopathicians who totally reject and deny the efficacy of high potencies, and thereby wish to create a sect of their own and discredit those who admit the high potencies as a logical consequence of the fundamental principles of Homœopathy with those of our fellow-citizens who, although living in the Republic and pretending to be members of the large body politic, deny the principle of equal rights

and of manhood suffrage as a logical consequence of the fundamental laws of our institutions.

And, in the lapse of time, I trust we shall hear the last of the silly pretence that we must drop a logical conclusion because the pellet will stink in the nostrils of our enemies,—the common school of medicine,—a school which carries within itself the germs of its own destruction, because not founded, as is ours, on the laws of nature,—a school without any principles at all, guided solely by expediencies, will be laughed to scorn; such pretences will avail as little as do the wailings of interested slave-drivers and enemies of the republic, who contend that equal rights and manhood suffrage would be offensive to the delicate nostrils of crowned heads abroad and to the tender sensibilities of an aping aristocracy at home!

The logical consequences must come. In the one instance they are already come; in the other they must come also. And may I be spared the distasteful duty to follow my argument out according to strictly logical principles, to show what unenviable position the blind adherents to *expediency* must necessarily occupy, as long as a position is left them at all, which can be but a short time. And if this paper, which you have heard me read to-night, can persuade reflecting, honest men to discuss the question at issue impassionately, guided by facts and logic, I shall consider its preparation one of the happiest events of my life.

HOMŒOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA.

The Commencement Exercises will be held Thursday Evening, February 28th. Public notice will be given of the place.

POTENCIES.

Read before the Central Homœopathic Medical Association of Maine,

BY JAMES B. BELL, M. D.

There can be no *faith* in science. Here we walk by *sight* and not by FAITH.* It is not for us to say therefore that we *believe* or do *not believe* in the power of attenuated medicines. We have only to *inquire* if they act, and do they act more beneficially than crude medicines, or otherwise? Careful experiment can alone decide these questions. Not long ago I showed a fine stereoscopic photograph of the moon to a well known Allopathic physician. He examined it with much interest, and finally pronounced the oracular opinion that it was *impossible* to make a photograph of the moon, therefore this was not taken from the moon at all, but was produced in some other manner, perhaps from a model in plaster.

This "it is *impossible*, therefore it *is not*," has always been the philosophy of the Allopathic school, and in so far as it shows itself in ours we shall fail where they have failed.

We owe all we have to the ever-searching, ever-questioning inductive philosophy.

I proceed therefore to offer you some experiments with the higher Potencies. It has seemed to me that acute diseases of the bowels offer a fair field for a somewhat crucial trial of the relative value of the lower and higher preparations, because, though not often fatal, they are often tedious and obstinate, and do not tend to crises or spontaneous recovery. I have accordingly selected them for such a trial, and have carefully noted many cases.

* Since writing the above, a similar expression by Dr. Ægidi, has been found in the American Homœopathic Review, Vol. 3, page 513: "In scientific investigations, there is no question respecting '*faith*:' there is no need of faith when the question is one concerning *knowledge*." It is a principle too often lost sight of.

I will give a few, as fair examples of the whole.

Case 1. Mr. W., age about fifty; of good constitution, but since a severe dysentery, ten years ago, has been rather delicate.

August 30. Came into the office at 10 A. M., saying he was taken sick after midnight with severe gripings in bowels, and had several stools. The pain soon ceased, and he had now a whitish diarrhoea, watery, profuse, mixed with some undigested food, without pain and without thirst. Gave him China²⁰⁰, in water, every two hours.

At 7 in the evening was called to see him; was no better. Stools very frequent and profuse, and was much prostrated. Skin hot, pulse quick and excitable. Has difficulty of retaining the stools; is obliged to hasten to the vessel. I hesitated much for a remedy. There was still no thirst or pain, but a form of Cholera that threatened to produce a dangerous exhaustion. The discharges resembled rice-water. I gave Sulphur²⁰⁰, in water, every two hours, and saw him again at half past 10; had then had five stools since 7 o'clock, of the same character, but the feverish symptoms were abated: had had some cramp in the foot during one of the stools, which pass out with a gush, like a flood, as though they would completely drain him, yet in half an hour he is again full. Gave Podophyllum²⁰⁰, in water, every two hours.

After the first dose of Podophyllum he had one small stool, and no more, and when I saw him the next morning he said he felt bright and smart, and the feeling of exhaustion was all gone. He was kept quiet a few days, but received no more medicine. I was led to give Podophyllum because although Croton tiglium and Jatropha have stools coming out with a gush, and like a torrent, they are by no means painless. And about four years ago I cured a similar case with Podophyllum 1st, and it is an interesting case to compare with the present one. Without troubling you with the details, I will give only the results of the comparison. They are, 1st, Podophyllum¹

and Podophyllum²⁰⁰ removed the same condition with equal promptness; 2d, after the removal of the symptoms by Podophyllum²⁰¹ the patient felt strong and refreshed, while after the use of Podophyllum¹ the patient, though he had been sick a shorter time, and had had fewer discharges, felt weak and exhausted. *Therefore* Podophyllum²⁰⁰ acts as promptly and *more* beneficially than Podophyllum¹.

Case 2. Miss P., age 13, a well grown and healthy girl; has been sick about a week without treatment; has grown gradually worse; has now ten or twelve operations daily, beginning at 4 in the morning and continuing all day, but none at night. They consist of slimy mucus and blood, with tenesmus during and after stool, and some gripings before and after stool. Has much thirst and little appetite. Only Capsicum and Mercurius have the tenesmus and pain continuing after stool. Mercurius corresponds with this case, and I gave her Mercur. sol.²⁰⁰, a powder containing a few pellets, every four hours, beginning at 9 A. M., August 14. Saw her August 15 at 9 A. M.; reports having had many operations yesterday, *three during the night* and two this morning, but she feels much better; has less tenesmus and pain; no blood in the stool, and some fecal matter. Saccharum lactis.

August 16, A. M. Had no operations after noon yesterday, and feels very nicely. Remained well.

Case 3. Mrs. H., age 35; has been subjected to severe and protracted attacks of diarrhœa, and once or twice of dysentery. August 13, 5 P. M. Has been sick three days with diarrhœa, and to-day has almost constant desire for stool. The stool is very small, consisting of slime and clotted blood, and some membranous parts, like scrapings of the intestines. Is accompanied by much tenesmus and pain in the sacrum; better after the operation. Mouth bitter; no thirst; some appetite; frequent desire to urinate. Nux vomica²⁰⁰, in water, every two hours.

August 14, 4 P. M. Had several operations last evening, and one at noon to-day; none since. Feels better every

way except the desire to urinate, which is an old trouble, accompanying a retroversion. Mouth still bitter and tongue coated. Trusting to *Nux vomica* to remove the symptoms, gave *Saccharum lactis*.

August 16. Is improving. Had a few operations, containing a little slime and blood. Urinary symptoms much better, and tongue and taste better. *Sac*.

August 18. Well.

Case. 4. Boy, 20 months old, strong and healthy; has been sick four days. The upper canine teeth are about coming through. Has profuse watery diarrhoea night and day. Vomited some at first. There is much pain and gurgling in the bowels before the operation. Discharge consists of yellowish water, coming out with a gush, and he has a stool every time he takes any food. Only six remedies have a diarrhoea of yellow water, viz., *Arsenicum*, *China*, *Croton tiglium*, *Gratiola*, *Hyoscyamus*, and *Thuya*.

Gratiola and *Thuya* both resemble this case, in having a copious, frequent and painful diarrhoea, with gurglings, but they have not the aggravation after eating. *Croton tiglium* has all the symptoms. Gave it in water, 200th Potency, every two hours. For twelve hours was very much better, and in thirty-six hours was well.

Case 5. Boy, 21 months. Teething. Has had diarrhoea five days; has now a dozen daily operations of greenish slime, with pain before the operations, which occur only in the day-time. The mother calls my attention to the fact that the urine, after standing a little time, changes to a white jelly, as she expresses it. I did not see the urine or test it. This is characteristic of *Cina*. Gave *Cina*²⁰⁰, in water, every two hours. In forty-eight hours the urine and stools were natural.

Case 6. Girl, 2 years old; has had a diarrhoea five weeks; has eight or ten operations daily, but none at night. The discharge consists of a brown fluid, profuse, frothy and fetid, entirely painless; has no thirst and a very good appetite, although considerably reduced. Only seven reme-

dies now known have brown fluid diarrhoea, viz., Arnica, Asafoetida, Graphites, Magnesia carb., Nux, Psorinum, and Squills.

Four of these have a very offensive discharge,—Asafoetida, Graphites, Psorinum and Squills. One of these only has the discharge frothy and also profuse and painless; that is Squills. Gave Squills²⁰⁰, in water, every three hours. In forty-eight hours the operations were natural.

Case 7. Mrs. P., 40 years old, of consumptive habit. Been sick twenty-four hours; has frequent stools, consisting of blood or slime, preceded by severe cutting pain in the abdomen, bending her double; has no thirst and very little tenesmus; no appetite; tongue covered with a brownish-yellow fur. Colocynthis²⁰⁰, in water. Four hours later less pain, otherwise the same. Continued medicine.

Twelve hours later but little change. The pain is still troublesome, and there is some appearance like scraping of the intestines in the stools. Colchicum²⁰⁰.

Twelve hours later much less pain; operations the same; some pain at the anus after stool. Continued medicine.

Twelve hours later no improvement, and now has very painful hemorrhoids, external, with much weight and throbbing in the rectum; some loud gurgling in abdomen. Aloes²⁰⁰. The relief was immediate, and the whole trouble was removed in twenty-four hours more.

With one case more, I will give the sum of the results, as thus far obtained.

Case 8. A delicate girl, 3 years old; has had an exhausting diarrhoea three weeks. It is now painless, consisting of brownish-yellow fluid, with much undigested food. She has ten or twelve operations in twenty-four hours, and is much debilitated. China²⁰⁰, in water, every two hours, produced decided improvement in thirty-six hours, and complete convalescence in two days more.

Of twenty-six cases of Diarrhoea, Dysentery, Cholera Infantum and Cholera Morbus, occurring in children and adults in August and the first week in September (1866),

of sufficient interest and gravity to note, the following is the sum: Average duration before treatment, six days; average duration after treatment until decided improvement appeared, thirty-six hours; until complete recovery, thirty-two hours more; total duration under treatment, two days and twenty hours.

The cases not given in detail were of average equal severity with those reported, and of fully equal average results. There were six cases of Dysentery, four of Cholera Infantum, three of Cholera Morbus, and thirteen of Diarrhœa. Cases of less total duration than twenty-four hours were not noted.

The remedies were given in the 200th Potency in every case, except two or three in which Gamboge was used, which was given at the 30th, being the highest yet prepared.

BILIOUS DYSENTERY.

Read before the Homœopathic Medical Society of Erie, N. Y.

BY C. W. SCOTT, M. D.

Called Aug. 15th to see a young lady, aged 23, who was considered "lying at the point of death." Was attacked five days previous with terrible pains in the abdomen, attended with vomiting, purging, and cramps of the lower limbs, coldness over the entire body, and fainting at short intervals.

During the five days which preceded my seeing her, she was attended by three *irregular* or "Allopathic" physicians, who failed to give her any permanent relief, though heroic and *scientific* means were resorted to.

The morning before, I saw her in the afternoon, her case was pronounced "beyond the reach of medicine and hopeless," as nothing could be retained within the stomach one minute.

I found the patient in a state of extreme prostration,

unable to raise her head from the pillow, draw up her limbs, or turn in bed; vomiting every few minutes, of a dark, grumous fluid, with oozing of a similar dark fluid from the anus at *every* effort to vomit; cadaverous, hollow, sunken features, and a peculiar *death scent*, which, as incense, seemed to be offered to prove the truth of the predictions of her former attendants.

The family had heretofore been bitter opponents to Homœopathy, but now they most humbly besought me to try my skill, and if possible save their child.

Pres. Ars. 800th in solution, a teaspoonful every hour.

16th. Patient much relieved in every respect. Has vomited but twice the past twelve hours.

Nurse informs me that she was obliged to give the medicine in *half* teaspoonful doses, after she had taken it three or four times, as it made her feel worse.

Pres. Ars. 8000th in solution, a teaspoonful every two hours.

17th. Patient much improved; vomited but *once* during the past twenty-four hours, with but two evacuations from the bowels, but of the same nature as before.

Has slept the past night, with intervals, four hours, which is much the best night she has had since taken sick. Takes light nourishing drinks with a relish, and without after inconvenience.

Tongue, which has heretofore been dry with a blackish coating and red edges, is moist and "clearing up."

18th. Found a new feature developed in the case; the patient is suffering from a *profuse salivation*; all her teeth are loose and very sensitive; the nurse is occupied continually in wiping the tenacious, offensive saliva from her mouth.

The tongue, gums and whole buccal cavity present a lead or ash-colored appearance.

The parents were much alarmed, and *wondered* what produced this condition. I asked if calomel had been given

by the physicians previously in attendance. "O, yes, but *this* could not be the effect of calomel taken a week ago!"

Patient now has very great desire for acids.

Gave soft water very slightly acidulated with Sulph. ac., to be administered a teaspoonful every half, one or two hours, as the patient desired.

19th. Patient more comfortable, salivation much less: continued the acidulated water.

20th. The lead or ash-colored appearance nearly gone, leaving the surface very red, tender, and presenting a smooth, glazed appearance; appetite improving, but a great sensation of *soreness* attends the swallowing of food the entire length of the oesophagus; no vomiting for thirty-six hours; but two stools the past thirty-six hours, but of the same character as heretofore.

Pres. Merc. corr. 1600th, a powder every three hours.

21st. Patient improving; no vomiting; stools more natural, containing considerable fecal matter.

Continued pres., powder once in eight hours.

22d. Improving. Continued pres., powder every eight hours.

23d. More thirst, heat, prostration with great restlessness.

Pres. Ars. 8000th. powder every four hours.

24th. Thirst, heat, &c., all gone. One fecal discharge the past twenty-four hours.

Great debility, with strong desire to take food, but *cannot* tell what she would relish.

Pres. China 200th, in solution, every two hours a teaspoonful.

25th. Much better, ate a light breakfast. Prescription continued.

26th. Still improving. Slept well the past night, sat up two hours to-day, eats q. s. Prescription continued.

27th. Stool natural; appetite good; sat up five hours to-day; discharged.

I ought to state, that, during the first three days of my treatment of this case, the pulse was most of the time imperceptible or too rapid to be counted.

“THE PROGRESS OF MEDICINE.”

BY T. S. HOYNE, M. D.

In the “Fortnightly Review” (London) of October 15, we find an article with the above title by Dr. Cheadle. The Dr. has a poor opinion of “the progress of medicine” in the department of *Materia Medica*, as for instance: “We understand that the weapons we wield are powerful engines of war, but we know not yet how to use them. We are fighting as it were in the dark, or at best in a dim uncertain light, and are ignorant often whether we strike friend or foe. We do not indeed slaughter recklessly and indiscriminately, as did our forefathers, cutting and slashing with closed eyes; but we are obliged to fence warily, sure indeed that our arms are effective against a few particular foes, yet giving blows, after all, at random against many, and perchance slaying allies, or knocking a *fatal breach unawares* in the beleaguered fortress. To drop metaphor, although we are tolerably well acquainted with the signs and course of disease, and the structure and functions of the various organs of the body, and are increasing our knowledge of these every day, we *know little of the remedies we have to employ*, and in this respect **MAKE HARDLY ANY PERCEPTIBLE ADVANCE**. One or two drugs only do we possess which we can confidently affirm have a sure and constant effect in arresting particular diseases, as quinine in ague, and perhaps the alkalies in acute rheumatism.”

* * * * *

“Therapeutics, the crowning point of medical science, the ultimate end and aim of all research in the various sciences on which it is built, it must be confessed is yet in its veriest infancy.”

Alas, poor Allopathy! has it come to this that your boasted superiority is all sham? and that you now acknowledge that you know nothing of the action of drugs on disease? We pity but cannot help you. Your therapeu-

tics has been growing younger and younger year by year, until now it is "in its veriest infancy." Where will it be in the next generation, unless you go to work in the right way to study drugs, and their application to disease? We regret exceedingly that you "have no data on which to establish a true system, and must fain make shift with a careful empiricism for a season." Study the law *Similia Similibus Curantur*.

The Dr. says of homœopathy: "There are, it is true, at this present time, representatives of the credulous doctors of old, who believe in nostrums, and speak confidentially of cures; and we have the last phase of a complete metaphysical system of medicine in homœopathy—a system which assumes a theory, and observes and collects facts, not with the view of eliciting truth, but in order to support a foregone conclusion—a system worthy of the age of the doctrine of the Signatures, of the four humors, and of the three elements of Paracelsus. This, however, is merely a transient revival of a mode of thought which is obsolete, and well nigh powerless to retard the progress of true knowledge."

No, Doctor, we do not observe and collect facts to prove our doctrine, but to ascertain if each and every symptom of a drug, as given by the provers, is correct, expunging those which are not; to ascertain whether the high or low potencies are most efficacious in disease, and we observe and collect facts to prove that our "metaphysical system of medicine," as you term it, is far superior to that infantile system of not-knowing-drugs, in CURING disease. These are our reasons for collecting facts.

This "well nigh powerless" system consists of upwards of 6,000 practitioners in all parts of the world, with the number yearly increasing. Our American Colleges turn out upwards of 100 homœopathists every year, while the converts from the allopathic ranks are not few.

The homœopathic fraternity "find amusement in contemplating our (your) ignorance, and wonder at our (your)

slowness in grasping the great truths hidden from us (you) and made plain to them," (us.)

The Dr.'s concluding remark I consider more applicable to the homœopathic school than to the allopathic. They cannot fail to acknowledge that by the systematic mode of investigation, the working from facts, the disregard of mere speculative theories, and the preference of the positive to the metaphysical, this age (school) of ours, independently of the vast additions it has made to the various sciences, has helped to lay the solid foundation of a permanent structure, already rising grandly above the ruins of those many baseless fabrics which have been built upon false dogmas and ever-shifting sands of speculation and empiricism.

NEW PUBLICATIONS.

THE SCIENCE AND THE ART OF SURGERY, Embracing Minor and Operative Surgery: compiled from standard Allopathic authorities, and adapted to Homœopathic Therapeutics, by E. C. FRANKLIN, M.D., Graduate of the Medical University of the city of New York, Surgeon of Volunteers during the Rebellion, Professor of Surgery in the Homœopathic Medical College of Missouri, Surgeon to the Good Samaritan Hospital, and President of the Western Institute of Homœopathy.

Illustrated by new and copious engravings, and many original cuts from the author's private museum.

IN TWO PARTS. PART I. Pp. 402. St. Louis, 1867.

By a careful comparison of the contents of this *Part First*, with the general index of the whole work, as stated in the prospectus, it would seem that the portion now issued is in reality,—and in accordance with the title page,—one half of the entire work. And reserving our final opinion of the book as a whole until it is completed, we will endeavor to give some account of what the present portion contains, and of the manner in which the author has accomplished this moiety of his undertaking.

Even in its restricted plan, this Surgery will be one of the largest and most voluminous books in the literature of

Homœopathy. And we cannot but admire the determined energy and somewhat daring enterprise which have led the author to undertake not only the immense labor of preparing such a work, but also the serious risk of its publication. In all that relates to practical surgery, as well in the major operations as in the minor details, we think this work will be found fully sufficient, and thus preclude the necessity, on the part of Homœopathic physicians and students, of purchasing any of the very excellent treatises on this subject which have been issued by the Allopathic School. This first requisite being secured, so as to place this new claimant for public favor before the Homœopathic profession, on at least an equal footing with the most recent and ablest Allopathic productions,—so far as practical and operative surgery is concerned,—the superior advantages which the application of the Homœopathic principles and medicines must afford in reference to the propriety or necessity of performing operations, and to their subsequent successful treatment; the still more extensive and important application of the Homœopathic Therapeutics and Materia Medica to the vast and varied range of what are commonly termed surgical diseases,—from simple inflammation to gangrene, from burns and frost-bites to pustule maligne and chancre;—and finally the special indications for the Homœopathic remedies, particularly those which are both very valuable and but recently introduced to the notice of the profession.—all these advantages should render this work both invaluable and indispensable to every Homœopathic student and practitioner.

The brief resume of the General History of Surgery, and of Surgery in the United States, will be found interesting and instructive. The same may be said of the reference to the normal standpoint of Physiology; and to the section on *Surgical Semeiology*; this latter appears to us, however, almost too brief. Part Second, of the present volume, embraces the usual points of *Minor or Auxiliary Surgery*,—under the titles of: 1. Apparatus of Dressing; 2. Elementary Operations; 3. Disinfecting Agents; 4. Catheterism; 5. Injections; 6. Vaccination; 7. Removal of Foreign Bodies; 8. Post Mortem Examinations.

The directions and illustrations for dressing, bandaging, &c., appear to be very full and complete. All the various points in this most important branch of surgery are thoroughly and elaborately treated and illustrated.

The directions for the administration of anæsthetics, and

for the recovery of persons over-dosed, are also full and sufficient. But with regard to the choice of the particular anæsthetic in any given case, no satisfactory advice is given. Neither is the importance of the exercise of a sound judgment on the part of the surgeon in this respect at all indicated. Nor are the data furnished by which a young and comparatively inexperienced surgeon might be enabled to decide whether pure chloroform, pure sulphuric ether, a compound of both, or the nitrous oxide, would be preferable in a given case. We consider the success and even the possibility of some important operations, especially in persons of a delicate constitution, as entirely dependent upon the selection of the most suitable means for producing anæsthesia. For instance *sulphuric ether*, either separate or combined with chloroform, we regard as necessarily and permanently injurious to all persons predisposed to phthisis; while *chloroform* is no less objectionable in that very numerous class of cases in which there is irregularity in the heart's action,—whether that irregularity be organic or merely sympathetic. The *nitrous oxide*, on the contrary, from the very evanescent nature of its influence, enables the skilful surgeon to perform with perfect success operations on persons whose extreme delicacy would have deterred him from subjecting them to the action of either of the above-mentioned more powerful anæsthetic agents,—whether used singly or in combination.

The section on *Local Anæsthesia*, and the particular reference to *Rhigolene*,—the new hydro-carbon,—forms a new and very valuable feature in this work.

In the Homœopathic treatment of Inflammation, we should have been pleased to find such particular indications for the different remedies as would enable the practitioner to make a truly Homœopathic prescription, and thus give him a reasonable prospect of accomplishing a truly Homœopathic cure. But instead of these, appear little other than *generalizations*,—which suffice indeed for administering medicines *empirically and in massive doses*,—but which serve only to perplex and confuse those who are earnestly seeking to follow the law of the Similars as their only secure guide. That *scientific accuracy* in prescribing the dynamised medicine, which is the true glory of the Homœopathic system, as it is essential to its highest success, can never be obtained through general indications which are based upon clinical, or empirical experience, with large doses, *ex usu morbis*. This method differs from Allopathy but in name;

and such imitation of the Allopathic system surely and evidently leads to that routine alternation and rotation, which in Homœopathic practice exactly corresponds to the compound prescriptions of the old school,—and which must as effectually prevent the highest attainments in the knowledge of the *Materia Medica*, and in its successful application. We should however do Professor Franklin the justice to observe that he does not appear to recommend alternation; and that in the matter of the dose,—while his own preferences are evidently for the lower preparations,—he leaves the whole *questio vexata*, where it is now placed by the common consent of the Homœopathic profession, to the judgment of the individual practitioner in each particular case.

In the treatment of Ulcers, of Mortification and Gangrene, the indications given for the Homœopathic remedies are much more particular and satisfactory. With regard to Malignant Pustule,—the *Charbon* or *Pustule Maligne* of the French authors,—we remember to have seen recorded somewhere some cases which were cured by the higher potencies of Belladonna,—which corresponded exactly to their most prominent symptoms.

But we must draw this somewhat extended notice to a close; it would have been far pleasanter to commend in all respects the result of so much learning and experience and labor as our author must have employed in the production of this work. And we trust that the whole work will soon be completed and so liberally patronized by the Profession, that ere long a second edition will be called for,—in which the addition of the more particular symptomatic indications for the remedies advised will render the work itself much more complete in a Homœopathic point of view and thus of the very highest value to every Homœopathic physician and surgeon. F.

THE OHIO MEDICAL AND SURGICAL REPORTER.—Jan., Vol. I, No. I. Published by Beckwith & Co., No 17 Monument Park, Cleveland, Ohio. Bi-monthly, 32 pp., \$1 per annum.

In a late number of the Monthly, we noticed the demise—not without hope of resurrection—of one Homœopathic journal; now it becomes our much more agreeable duty to announce the birth of another. And we extend to the new comer a most cordial and right hearty welcome.

We admire the high Homœopathic tone, as well as the independent spirit, which pervades the pages of the Reporter; and notice, among the names of its encouragers and contributors, those of some of the foremost and ablest Homœopathists in the great West. Dr. Barnes' paper entitled "*Homœopathy versus Empiricism*," we fear is as applicable in the Eastern States as it can be in the Western.

The following brief quotations—the first from this paper of Dr. Barnes, the second from the editorial department—will convey some adequate idea of the high spirit which animates the pages of the Reporter :

I. "There are the true philosophical followers of Hahnemann, who adopt his principles, and fairly follow them to their legitimate conclusions; treading in his steps, not servilely, but reverently, and with conviction. These adhere *generally* to the high potencies, but not *necessarily*. They are strict in the administration of a single medicine, which, whenever it is practicable, is allowed to exhaust its action."

II. "I will give your new journal a right hearty welcome. While you are about it, go in for *Radical Homœopathy*. Put your standard of Homœopathic principles high and help us carry on the war against the common enemy. Let us stick to principles. Radicalism is the only safe platform for reformers. Let us fight and plead for pure, unadulterated Homœopathy."

This extract from a private letter, the editor of the Reporter quotes, and adds :

"Amen, say we. Let the future rebuke us if we do not ourselves follow this advice, and seek to urge it upon our readers. The lukewarm Jews were very unpalatable in the mouth of the Almighty, and he spewed them out; but a medical man without enthusiasm is utterly detestable.

* * * * *

"Let us out then with pick and shovel, and delve and search for the first principles of our art, and make them the only true touchstone of our faith and practice."

These be bold words, brother editor! and we have taken the liberty of underscoring them. No periodical which thus adheres to what is most pure and true in our *Homœopathic Science*, and thus aims at what is highest and best in our *Homœopathic Art*, can fail to exert upon the Homœopathic medical profession, and through that upon humanity at large, an influence at once extensive, beneficent, and profound.

F.

PHILADELPHIA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY

ROBERT J. McCLATCHEY, M. D., SECRETARY.
BUSHROD W. JAMES, M. D., SCRIBE.

At the December meeting of this Society there was a large attendance, and the class of the Homœopathic College were also present, by invitation. DR. J. H. P. FROST occupied the chair in the absence of Dr. Gardiner, President. The minutes of the preceding meeting were read and approved. Dr. J. R. Reading was proposed for membership by Dr. B. W. James, and Dr. J. S. Rankin by Dr. Frost. On motion, the by-law relating to the election of members was suspended for the evening, and the above-named gentlemen were elected to membership.

The resolutions of Dr. Bushrod W. James relating to the establishment of a large General Hospital were then taken up, discussed and adopted, and the chair was authorized to appoint a committee in accordance with the second resolution.

The following gentlemen constituted said committee: Dr. Richard Gardiner, chairman; Dr. Bushrod W. James, Dr. John C. Morgan, Dr. George R. Starkey, Dr. George F. Foote.

Dr. Lippe then read an excellent essay on the highly important question of "Dose," in which the author's views were set forth in a very plain and satisfactory manner. (The paper of Dr. Lippe appears in another part of this number of the Monthly.) The members of the profession from abroad, who were present, were invited to participate in the discussion.

Dr. Jeanes then took the floor. He said he admired the spirit and tone of Dr. Lippe's essay, and did not rise to controvert his opinions. He agreed mainly with the Doctor in regard to the operation of medicines, but he did not care so much about the dose. When he was investigating Homœopathy he found Nat. mur. among the list of remedies. What! said he, is this a medicine? an article that is daily consumed in large quantities without appreciable drug effects: and yet he found that when given in infinitesimal doses, the decillionth of a grain, curative virtues were manifested, and evidently new powers had been developed by the process of trituration. This is a question for investigation and experimentation. Often what we take for logical reasoning leads us into error. He was now well satisfied that Nat. mur., however inert in its crude form, would act in the decillionth. Hahnemann adopted the process of attenuating to get rid of aggravations, but found to his surprise that he had increased power where he expected to find less. The Doctor said he could believe in high potencies to any extent. Aggravations come more from high potencies, from the 30th for instance, than from drop doses of the tinctures. He thought it absurd for men to decry the use of high potencies when they would use the 3d decimal of Nat. mur.

Dr. Jeanes spoke of a celebrated vermifuge of the Old School, *Dolichos pruriens*, producing sticking pain in right side of throat, as if from a splinter. He had had two patients with this symptom, the one of thirteen, the other of three years' standing. The latter was only relieved by the use of *Dolichos*, though cured of asthma by *Lobelia*, with

no return in thirty years. The other, of thirteen years' standing, was cured of the pain in throat, but said that while taking the remedy she had such pains in the gums that "she could not sleep for half the night," and this she repeated whenever a dose of the attenuated Dolichos was given her. There are many things that prove the truth of the Homœopathic law, and the unwilling testimony of Old School practitioners is not the least of them. He instanced Rhubarb as employed by Allopathists to cure diarrhœa, while they know that it will produce that diseased condition. Curing frozen limbs with snow, and burns with heat, is something very like Homœopathy.

Dr. Leech arose to express his views upon the paper of Dr. Lippe, as well as to seek explanations of certain points which he never felt satisfied about. He thought Dr. Lippe was correct when he said the question of dose was an open field, and he thought it was likely to remain so, from the fact of there being no definite understanding or law governing the selection of the size of the dose other than the arbitrary judgment of individuals. He must say that he felt considerably elevated in his own esteem, as he had on this occasion first discovered that he was a legitimate Homœopathist—it having been called in question—since in the paper just read was accorded to every one the use of the dose that will, in his judgment, cure most easily and best.

Recently a French savan, while investigating the divisibility of matter, found that the utmost quantity of a medicine contained in each drop of the thirtieth dilution prepared according to the Homœopathic method cannot be greater than what would be expressed by a fraction having for a numerator 1, with a denominator of 1, followed by sixty cyphers. That statement, however, can convey only an inadequate idea of how little medicine there can be in each drop of the tincture of the thirtieth dilution. A much better idea can be had by supposing the whole of the original grain of medicine from which the dilutions are made to be diluted to the same extent as the portion of it supposed to be contained in the tincture diluted to the thirtieth degree, and calculating how much alcohol would be necessary to effect the dilution of the whole of the grain to that extent. He finds the quantity of alcohol would be an *octillion* of *decillions* of drops more than was ever made or could be imagined by man. If any one can believe this, and that medicinal virtue exists, matter must be quite as divisible physically as it is mathematically.

Again, he would like to ask. When did Hahnemann become a Homœopathist? When he first discovered the law of *similia*, or not until he had elaborated the thirtieth dilution of his medicines? What is a minimum dose that is so often urged upon us to use; is it the dose that cures? If medicines become more powerful in proportion as they become comminuted, we have not reached the most powerful, and never shall. The thirtieth dilution under this view should be expected to produce aggravations as well as the lower. The remarkable discovery of the spectroscope, by the application of which to the attenuated atmosphere of the sun and other heavenly bodies, iron, calcium, &c., can be detected, when applied to the analysis of the thirtieth dilution of Sulphur, reveals none of that substance.

Dr. Lippe said the man who denies the theory of potentization denies Homœopathy. If curative powers are developed in the third potency, should we not expect this development to increase in the same ratio as we potentize, and are therefore not the higher potencies likely to be possessed of more curative powers than the low, and therefore in some cases the higher potencies may be an over-dose, more than sufficient to cure, and not the minimum dose? The minimum dose is the dose just sufficient to cure, neither more nor less. He

thought we should begin where Hahnemann left off; not where he began, and then go on. The thirtieth attenuation of drugs could of course not be found in the spectroscope. There may be cases in which the low dilutions may be the minimum dose, and in such cases the high potency might be too large a dose.

When do medicines become so highly attenuated that they lose their influence? The power of remedies may stop somewhere, but we do not yet know where. Dr. Lippe had seen more aggravations from Fincke's seventy thousandth Thuja than from low potencies. Let any one give it where it is truly Homœopathic, in a sycotic patient, and he may look out for breakers ahead.

Dr. Von Tagen remarked, that on visiting the clinic at Wills' Hospital recently, he had observed the case of a child of strumous diathesis suffering from intense photophobia. Upon examination the eye appeared slightly inflamed, not sufficient to account for so great intolerance of light. The surgeon stated that all such cases were treated with a strong solution of Atropia. A gentleman present asked how the relief obtained from this treatment was to be accounted for. An evasive reply was given, to the effect that "experience had demonstrated its efficacy." The deduction is obvious to every Homœopathic Physician.

Dr. Leech, in reply to Dr. Lippe, wished to be perfectly understood in his position. He believed in the power to cure of the first few dilutions or attenuations, because in these there was some appreciable matter. What he called in question is the increase of power in proportion to the comminution of the particles. It is contrary to well-established principles of philosophy. If we were to go on following this process it would lead us logically into spiritualism in its broadest sense. He for one was no spiritualist. He did not believe in human ability to call up spirits at will. He thought, finally, that he who gave medicines in accordance with the law of *similia* was a Homœopathist, without regard to the size of the dose, more than the state of the case would sanction. This subject of the dose he regarded as an objectionable one, because it brings us more into conflict with the Old School, and causes dissensions in our own ranks.

Dr. Foote said, that in regard to Dr. Leech's last proposition he held the converse to be true. The Allopathists do not respect those among us who profess our doctrine and yet prescribe crude drugs, and they never will. A few days previously in conversation with an eminent Allopathist of New York, the latter had said: "I can respect those of your profession who adhere in their practice to the doctrines you teach, but for the mongrels among you, and they are many, who always use crude drugs, and in difficult cases resort to our remedies, I can only regard them as bad men, and must hold them in utter contempt."

As to the choice of the potency in any given case, that is an open question, which experience alone must settle. That the curative power of medicines is developed by potentiation is not an open question, it being one of the settled facts we embrace when accepting Homœopathy, and we all acknowledge it when we use Carbo. veg. or Calc. carb. in our practice. But where we shall find the end of this developing power, the ultimatum of potentiation, is a problem yet unsolved. Facts and experience must guide us. In my own practice I commenced with the lowest potencies, and have gradually worked up from the third to the highest, and have seen splendid results from the eighty-five thousandth.

During the fall and winter, in my surgical clinic, I have confined my prescriptions to one thousandth or five thousandth of Fincke's preparations, and the results have exceeded my most sanguine expectations.

The patients, many of them from the lowest class of society, with diseases of the most revolting kinds, addicted to all the excess and indulgence of a vicious and intemperate life, have all been benefited, and many of them cured with single doses of these high potencies. This will be verified by the class who have been in daily attendance and have kept the records in each case.

That the lower potencies do effect many valuable cures, I know from my own experience. That the higher ones, when carefully selected, are more *positive* and *certain* in their cures, I know also from many careful comparisons made during many years of experience.

For medicines to be used in domestic practice, and for those who have no time, disposition or ability to study out their cases, I should advise the lowest potencies, for the reason that their powers are less developed, and there is less danger of mischievous aggravations, and the patients stand a better chance where a wrong remedy is selected.

Dr. David James said that he was a believer in the theory of *Dr. Joslin* in regard to the action of medicines, that by dividing the particles they are the more readily taken up and carried by the more minute vessels to the diseased part, and thus had a better opportunity of acting upon the disease.

Dr. Williamson then addressed the Society. He liked the idea of beginning where our predecessors had left off, and of pressing forward in search of new truths and a more enlarged experience, without wasting our time by going backwards, for the purpose of trying to unsettle the almost universally conceded fundamental doctrines of our School.

When he commenced practice with some of his older colleagues now present, there were many things in Homœopathy which were then considered doubtful that are now well-established; and why go through with the difficult trials that we used to have again. Grope about in the dark when we have the light before us. Beginners, if they will accept the labors of their predecessors, have now greatly the advantage of those who began many years ago. We used to take counsel together and try to help each other forward; now, a great deal has been published and made accessible to all.

Dr. Williamson never thought any one believed that a *material* substance could be attenuated into a spiritual existence. He did not see how any one, who was willing to receive human testimony, could reject the experience and attestations of so many excellent physicians on the subject of the efficiency of potentized medicines in the treatment of disease. He believed there was an undiscovered law for the regulation of the dose, and in due time that law would be discovered; we had not yet reached that point, but had much to learn before we could expect to find the law. He did not believe that some medicines would bear potentizing and that others would not. Some tissues are more susceptible to the action of medicines than others, and their appropriate remedies in disease would act better in the higher attenuations, while other diseased tissues would respond better, in some cases, to the lower attenuations. The first and most important thing is to get the right remedy; the dose and repetition of it must be left to the experience and judgment of the practitioner.

He was glad to hear, as he did yesterday, that the class and other gentlemen connected with the College had made an excellent proving of the *Hydrastis canadensis*. He wished to state that the Bureau of *Materia Medica*, of which *Dr. C. Wesselhoft* is chairman, appointed by the American Institute of Homœopathy, in the distribution of articles for proving this year, had assigned to him the *Hydrastis*. He would be glad to confer with the gentlemen referred to on the subject of their proving, and as he had a quantity of the tincture on hand, he

would be happy to furnish any one with a quantity for further proving.

Dr. Jeanes referred to the provings of *Cubeba*, as published in the November number of *Hahnemannian Monthly*, and thought the symptoms should be received with great caution, particularly those relating to the throat and larynx.

Dr. Lippe said, that in his experience things never come singly, always double. Recently a case of cure of diphtheria, by *Cubeba*, had been published in an Allopathic journal, thus verifying the symptoms referred to. It had been thus with the weighty symptoms of *Cactus grandiflorus*. They had been looked on with suspicion when first announced, but had been mainly proved to be true in practice since their publication.

Dr. J. S. Rankin said that the physicians of Pittsburg, as a general rule, give but one remedy, but allow the largest liberty as to dose. He thought there was but one physician there who does not go below the two hundredth.

The Doctor related the case of a lady to whom he gave *Bell. 12th*, followed by a violent aggravation. He then gave the 200th, and still found aggravation. The 2000th was then prescribed, with happy results. Upon recurring subsequently to the 200th the aggravation was again produced. In another case he gave *Belladonna* tincture in water and the patient got well.

Dr. John C. Morgan was the last speaker. The Doctor said he supposed he was in a measure responsible for fortifying the views expressed by *Dr. Leech*, in lectures on *Materia Medica* in the Pennsylvania Medical University some years ago. So far as he had confirmed any one in anti-Homœopathic principles the profession is entitled to his apology. He was happy to acknowledge his indebtedness to *Dr. Wm. Schmœle* for his first views of Homœopathy by the "physiological" avenue, but he had not been satisfied to remain on the threshold of a back door, but desired to penetrate the arcana.

He started West in 1856 with such a Homœopathy as this, but soon found it lame. A young lady in his boarding-house had hepatic spots, for which he gave tincture of *Nux vomica* every four hours. Spots improved, but in a few days there occurred violent colic, with constipation, which he would have thought ridiculous to attribute to the medicine. Nothing relieved her, and an Allopathist was called in consultation. Croton-oil and Castor-oil were given only to be immediately vomited. Enemata did no good. Calomel 1 gr., Bicar. sodæ 2 gr. were then prescribed, resulting in salivation and a trivial stool. Felt now that he must resort to first principles, and consulted *Dr. J. T. Temple*, who recommended *Nux vom.* in attenuation. One dose of fourth was followed by copious stool in twenty minutes.

From that time he has used attenuations, even in the army when practicable. On leaving the service he had the impression that potencies higher than the thirtieth were unfitted for acute diseases, but had, in attending the Dispensary, witnessed the most surprising results from the highest potencies even in acute diseases. Ever since, his prescriptions had mainly been of the two hundredth, or higher, though he maintained his right to use any dose requisite to cure.

One case strikingly illustrates the use of the highest potencies in acute cases. A sanguine robust young woman had been suffering from gastric irritation for about a week; eat cabbage, and at midnight was seized with horrible pain, for which she got capsicum and other stimuli. These aggravated her sufferings, and, as she said, she was "blind" to every thing about her. Skin red and hot, pulse quick and corded, with restlessness and frequent vomiting, with tenderness of epigastrium.

If the lancet or tincture of Aconite are ever imperatively demanded, it must be in such a case. Having only the two thousandth of Aconite, it was given in water, one teaspoonful. A lull occurred, and the patient dozed. A second, third and fourth dose was given at intervals upon the recurrence of pains, the patient sleeping in the interim. Sac. lac. was then given in water, with steady improvement. He purposely refrained from giving his diagnosis or his conclusions. Let all draw these for themselves. This is a fact. What does it signify? Is it worth any thing? Is there such a thing as a worthless fact?

He regarded the high potencies as open to one objection; they are not to be trusted in the hands of a novice, for this reason, that their energy in the nervous sphere is so intense as to be dangerous when misapplied and frequently repeated at the same time. Is this a fact? Let none dogmatize, but investigate. He who contemns testimony or confutes it by a curl of the lip, a shrug of the shoulders, or an epithet, is guilty of an offence against good morals.

MEETING OF THE CENTRAL HOMŒOPATHIC MEDICAL ASSOCIATION OF MAINE.

AUGUSTA, *December 11, 1866.*

Present—Drs. Thompson, Pulsifer, Williams, Roberts, Barrows, Boynton and Bell.

Dr. Pulsifer in the chair. A telegram was received from the President, Dr. Payne, announcing his inability to be present on account of illness.

Dr. W. L. Thompson was chosen treasurer.

The Constitution was read and accepted. The following by-laws were enacted, viz.: one providing that all accounts shall be due when audited and approved by the President, and one providing that copies of all reports read before the Society shall be filed with the Secretary for preservation, but that the right of publication shall rest with the author.

Dr. Bell read a report on Potencies, giving the results of treatment of acute diseases of the bowels with the 200th potency.

Dr. Thompson thought one case reported (a severe choleroïd cured with Pod. 200) might have been caused by improper food, and the cure have resulted from expulsion of the same.

Dr. Bell said he had inquired particularly for that, but the patient was a very prudent and temperate eater.

Dr. Williams reported a case of *painless* choleroïd, quickly cured with Verat 200.

Dr. Pulsifer suggested that a comparison should be made, not only between the effect of low and high potencies, but also that a trial be made with no medicine.

Dr. Boynton gave a case of chronic diarrhœa of six years' standing, acquired in California. The patient found no relief, except from opium pills, upon which he lived, having no longer any hope of recovery. Came into the office one day for relief from an unusually severe colic, which prevented his standing erect. He was habitually obliged to go to stool early in the morning in great haste. He received Sulph. 200 in water for two days, followed by Sac. lac., and in three weeks was well, and has remained so now five months.

Dr. Williams remarked that Rumex had a similar symptom to Sulph. as to the early irresistible morning stool, and that it had served when Sulph. had failed.

Dr. Pulsifer gave a case of hard chancre, accompanied by a thick, whitish-yellow gonorrhœa, with phymosis, cured in four weeks by Merc. corr. 1-62 gr. four times daily, omitting the medicine during the third week.

The question of pessaries being brought up, it seemed to be the unanimous opinion that mechanical appliances in the treatment of uterine affections were generally worse than useless. The following preamble and resolution were passed unanimously :

Whereas, in a recent work on Abortion, by Dr. E. M. Hale, of Chicago, there occurs the following language : "I hold that in no instance should the * * * * *health* of the mother be sacrificed to save that" (the life) "of an impregnated ovum before the date of its viability." p. 319.

Resolved, That the said language inculcates a direct violation of all moral law, of the sentiment of the whole Medical Profession, and of the statute law of all the States, and that we hereby express our strongest disapproval of the same.

The President was requested to issue an early call to the Homœopathic Physicians of the State, to meet at the City Council Rooms, Augusta, on Tuesday, January 15th, 1867, for the purpose of organizing a State Society. Adjourned to meet at the same time and place, when it is expected that a paper on Alternation will be read by Dr. Payne, and one on Diphtheria, by Dr. Williams, and all Physicians present will be invited to take part in the meeting.

JAMES B. BELL, *Secretary*.

ERIE COUNTY HOMŒOPATHIC MEDICAL SOCIETY, NEW YORK.

At the regular annual meeting of the Homœopathic Medical Society of Erie county, New York, held at the office of Dr. Martin, in the city of Buffalo, January 2d, 1867, the following named officers were elected for the ensuing year, viz. :

President.—Dr. L. M. KENYON.

Vice-President.—Dr. R. R. GREGG.

Secretary and Treasurer.—Dr. H. N. MARTIN.

Censors.—Drs. A. R. WRIGHT, A. SHATTUCK, G. C. HIBBARD of Springville, G. W. LEWIS and A. C. HOXSIE.

Delegates to the State Society.—Drs. G. C. HIBBARD, A. C. HOXSIE, H. N. MARTIN, A. SHATTUCK and G. W. LEWIS.

H. N. MARTIN, M. D., *Secretary*.

NEW REMEDIES, Parts VI. and VII. received ; the whole work to be completed with Part VIII., soon to be issued. The fuller notice crowded out. F.

THE HAHNEMANNIAN MONTHLY.

Vol. II.

PHILADELPHIA, MARCH, 1867.

No. 8.

SCARLATINA.

Read before the Homœopathic Medical Society of Philadelphia, Jan. 17, 1867.

BY W. WILLIAMSON, M. D.

For convenience of study and description, authors have divided Scarlet Fever into three varieties, viz.: *Scarlatina Simplex*, *Scarlatina Anginosa*, and *Scarlatina Maligna*.

Scarlet Fever is a contagious disease, consisting of fever, a scarlet efflorescence of the skin, and preternatural redness of the lips, mouth, and fauces. It is most common in childhood and youth,—from the period of weaning, up to adult age. It occasionally occurs in persons of riper years, but very rarely in persons beyond the age of forty; although the disease during its existence in a house frequently gives rise to sore throat in other members of the family, whether they have had Scarlet Fever before or not. It seldom attacks a person more than once in life, and when it does, the disease is not usually fully developed. Sporadic cases of the disease are met with in all seasons of the year, but it is more likely to assume the epidemic form late in the autumn and in the early part of winter, than in any other season. The disease is often very much modified by the peculiarities of each epidemic, by the season of the

year, and by the idiosyncrasies of the patient; and the effects of these influences are often seen in the character of the sequelæ which sometimes follow; such as running of the ears, glandular swellings, and suppurations, affections of the heart and of the kidneys, dropsical effusions, &c.

I. §. SCARLATINA SIMPLEX.—*Symptoms.*—The patient complains of feeling tired, with a sensation of coldness, and a desire to lie down, with headache and loss of appetite. This state of listlessness is soon followed by fever, with dry hot skin, small frequent pulse, thirst with frequent sips of water eagerly taken, aggravated headache with entire wakefulness, or increased inclination to sleep, contracted pupils, coated tongue with reddened, elongated papillæ rising above the coating. Nausea and vomiting frequently occur at the beginning of the disease, and sometimes continue for a day or two, but there is seldom any solid matter thrown from the stomach,—the substances ejected generally being liquid, such as bilious and mucous matter.

In about thirty-six hours from the first of the attack the eruption begins to make its appearance; the face looks full as if bloated, red points in the skin, not at first elevated above the surface, show themselves on the face and neck, soon spread over the breast, body, and limbs, and become most intense in color and greatest in number about the larger joints. In the variety of Scarlet Fever described by Sydenham, the skin presents a smooth red surface, resembling the shell of a boiled lobster; but in the Scarlet Fever of later years, the skin, when the eruption is fully out, presents a roughened surface from enlargement of the papillæ, especially on the outer portions of the arms and lower limbs. The hands and feet are often stiff and swollen, with a feeling of soreness from motion in the whole body. The fever does not decline on the appearance of the eruption, as is common in other eruptive diseases, but continues with unabated force to the fourth or fifth day of the disease. The eruption is usually attended with burning and

itching, of more or less intensity, from the second to the fourth day. In about five days after its appearance the eruption begins to leave, and in two or three days subsequently desquamation of the cuticle commences. After violent attacks the hair falls out, and in some instances is never reproduced. About the third day of the eruption the coating of the tongue comes off, leaving the surface red, rough, and moist; presenting an appearance of the tongue peculiar to Scarlet Fever, such as is not seen in any other form of disease with which I am acquainted.

II. §. SCARLATINA ANGINOSA.—In this variety of the disease, in addition to the symptoms above named, which are here seen in a more aggravated form, the throat is attacked with redness and soreness, with pain upon swallowing; inflammation and swelling of the tonsils, and on the surface of which may often be seen gray or ash-colored particles, which in a short time slough away and leave a granulated surface behind, with stringy mucus attached to the tonsils and uvula, and more or less fetor of the breath. The mouth cannot be opened without difficulty, and glandular swellings can generally be perceived in the neck behind and below the angles of the lower jaw. The voice is husky; the pulse frequent and depressed; respiration short and more or less impeded, with inclination to throw the head backwards. The eruption may be well established on the skin, or it may be unevenly distributed and concentrated in patches. The eyes and interior of the nostrils are of a deeper red color in this variety than they are in *Scarlatina Simplex*, and delirium is more apt to be present. On about the fourth day of the eruption, if the progress of the disease is not checked by treatment, an acrid straw-colored, ichorous, watery fluid is discharged from the nostrils, and if the course of the disease is still onward, in a day or two more the front part of the neck presents a puffy, swollen appearance, from a peculiar deposit in the cellular tissue beneath the skin. In some cases petechial spots on the skin make their appearance in the course of the disease

and in the advanced stages, hemorrhages from the nose, mouth, and other parts occur.

III. §. SCARLATINA MALIGNA.—In this form of the disease the vital forces are still more depressed than in either of the above-described varieties. The cold stage is longer, the skin is often mottled, the vomiting is more intense; the eruption comes out but imperfectly, often in patches, stays a little while and then recedes. There is often an unnatural paleness of the whole face, but sometimes the paleness is confined to a space under the eyes and on each side of the nose. Sometimes long-continued wakefulness with pinched up features and an anxious expression of countenance and contracted pupils are seen; and at other times fulness of countenance, dilated pupils, with dulness and coma are met with. Delirium, with screaming or with muttering and unnatural motions in the muscles of the face, frequently attend this form of the disease. If the brain becomes more seriously involved, and the hands and feet get cold, convulsions may supervene and carry off the patient, before the disease becomes fully developed.

It has been remarked, if convulsions come on in the early stages of an eruptive disease, from the excitement of fever or other inflammatory action, the patient generally gets well; but if they occur in the more advanced stages of the disease, from some untoward change in the condition of the patient, they are much more likely to lead to a fatal issue.

IV. §. SEQUELÆ.—Affections of the kidneys and heart, and also anasarca, are just as likely to follow Scarlatina Simplex, and even mild cases of it, as they are either of the other forms of the disease; but gatherings of the ears and other suppurations and glandular affections are most likely to follow the anginose variety.

If gatherings of the ears or glandular affections occur at all, they generally begin a few days (two or three) after the subsidence of the eruption from the skin and before desquamation is complete; and if difficulties with the kidneys, and heart, or dropsy arise, the symptoms commence five or

six days later. The first approach of these latter troubles can be detected in the urine, which at first becomes rather too profuse and unusually clear, then scanty and of a brownish or greenish-brown color, and is said to contain greenish albumen. I have occasionally observed very fine filaments suspended in the urine after it has been standing for four or five hours.

The salient point of most of the sequelæ of scarlet fever can be detected in a disorder of the kidneys which is often manifested in the early stages of the disease, and so far impedes or perverts the urinary excretion as to allow of the accumulation of excrementitious and noxious materials in the blood, which, through their poisonous action upon the nervous centres, either interrupt the current of the vital forces and cause death during the acute stages, or at a later period of the disease give rise to serious complications in some other part of the organism.

V. §. ETIOLOGY.—Scarlatina is caused by a specific infectious miasm, and spreads itself chiefly by the influence of contagion. Whether it is always caused by an emanation from persons affected with it, or whether it may not result from predisposing and concurrent causes, and be spread through atmospheric influences, are questions not satisfactorily settled. I have seen new cases which occurred in remote places in the country, where the disease had not been known to exist for several years before, and where the possibility of contact was not suspected. I believe, and I think the opinion is corroborated by the profession generally, that the contagion of scarlet fever cannot be carried by a third person.

VI. §. DIAGNOSIS.—Scarlet Fever is more apt to be confounded with measles than with any other eruptive disease; but it can easily be distinguished from measles by the absence of the hoarse cough, watery eyes, and sneezing, which usually precede the eruption in that disease, and after the eruptions make their appearance the difference is still more apparent; that of measles presenting small red spots, slightly

elevated above the surface of the skin, resembling the marks of flea-bites; while that of Scarlet Fever presents innumerable small red points, without elevation at first, but after being more fully developed gives the sensation of a peculiar roughness to the skin when the hand is passed over it.

The disease called canker rash in parts of New England, is no doubt a form of Scarlet Fever.

VII. §. PROGNOSIS.—Almost all cases of the milder forms of Scarlet Fever, if brought under Homœopathic treatment, get well. And if there is no very prominent dyscrasia of the system, such as scrofula, syphilitic taint, &c., the symptoms usually run their course regularly, and mildly—first, the premonitory symptoms arise, and continue from thirty-six to forty-eight hours; then follows the eruptive stage, which lasts for four or five days, and then declines gradually; and finally the period of desquamation sets in, and, after continuing for five or six days, generally leaves the patient in a tolerable state of health, in the course of ten or twelve days from the commencement of the sickness. The most critical time in the acute stage of the disease is about the third day of the eruption; if the physician selects the right remedy at that time, and the symptoms properly respond to the treatment, a favorable issue may be looked for. But if in the beginning the symptoms are of an aggravated character, the febrile symptoms run high, the functions of the brain are much disturbed, signs of putridity appear in the throat, and an ichorous discharge takes place from the nostrils, a fatal termination may at least be feared. In the malignant form, the mouth and throat assume a dark deep-red color, livid spots appear on the skin, involuntary stools of a cadaverous odor are discharged, the extremities get cold, small blue veins are seen running along the fingers, and the patient dies from the sixth to the eighth day of the disease.

VIII. §. PROPHYLACTICS.—In the list of prophylactics for Scarlet Fever of the papillary form, Rhus stands foremost, then come Cantharides and Sulphur.

In the variety of the disease characterized by an efflorescence of the skin, of a smooth and shiny redness, *Belladonna* is most to be relied upon.

In every case the medicine which is most likely to prove the best prophylactic, is the one which is best adapted to the treatment of the disease epidemic at the time. Give a dose of the one selected, night and morning.

IX. §. TREATMENT.—In very mild cases of Scarlet Fever very little medical treatment is necessary, and many patients pass through the disease without being subjected to treatment of any kind, or the true character of their symptoms being known.

In introducing the subject of the Homœopathic treatment of Scarlet Fever, it has been quite customary to name *Belladonna* as the specific for the disease, and to recommend that remedy for almost all the symptoms, in all the stages, in all cases. I do not wish to detract a particle from the importance of *Belladonna* in the treatment of Scarlet Fever, but I do wish, in the name of Homœopathy, to enter my protest against such an indiscriminate prescription of any drug for the name of a disease, as I believe is too often practised by Homœopathic physicians in the case of the drug and disease under consideration.

In the treatment of some epidemics *Belladonna* is of paramount importance, particularly in the variety so well described by Sydenham some years since,—the variety generally seen by Hahnemann; but in the modified form of the disease of later years there are other remedies which come in for a large share of the honors, and in most cases are of more importance than that great polycrest in the treatment of Scarlet Fever.

In the foreground of the group stands *Rhus*, then follow *Aconite*, *Apis mel.*, (*Arum triph.*), *Cantharides*, *Cinnabaris*, *Croton tig.*, (*Iodine*), and *Sulphur*. The pathogeneses of most of these remedies are fully laid down in the *Materia Medica*, and if carefully studied by the Homœopathist, he cannot fail to discover their applicability to the treatment

of the disease in question ; not because the disease is called Scarlet Fever, nor because such and such remedies have been recommended by physicians of good authority, but because the pathogenetic symptoms of the drugs correspond to the symptoms of the patient. If a physician expects to build a successful practice on the recommendation of other physicians, of giving certain remedies in particular diseases, or of following the kind of clinical experience too often related in our books, that is, of picking symptoms out of the *Materia Medica*, and then naming the remedy for them, his expectations will end in disappointment. He must put the horse before the cart, get the symptoms of his patient first, and then search the *Materia Medica* for the remedy whose pathogenesis most nearly corresponds with the symptoms of the disease.

In delineating the symptoms of Scarlet Fever, I have endeavored to describe the disease as it is usually met with in practice ; beginning with its inception, and then following its course to the termination of its existence. And in adjusting the remedies I wish to be understood as endeavoring to place them in the same progressive order as nearly as I can, but of course leaving the special adaptation of each to the judgment and skill of the practitioner in charge of the patient.

During the incursive stage of the disease the symptoms arising from the state of the mind, the circulation, and the general system, usually call for the use of Aconite. The nausea and vomiting, and the paleness of the face from sitting up, although there may have been redness of the face when lying down, are to be looked upon as brain symptoms, and are generally successfully treated with Aconite or Aconite and Rhus ; but occasionally Stramonium, Hyoseyamus, or Cuprum aceticum may be called for.

Gelsemium may also be a very important remedy in the treatment of Scarlet Fever in the early stages of the disease, but I cannot from my own observation give a proper estimate of its value. From the circumstance of having

been so well satisfied with the action of other more familiar and well-tried remedies, I have not often given it in this connection. It is well adapted to the hot dry skin, sensation of internal heat with languor and sleepiness, retarded eruption, heat and dryness in the throat, and the symptoms being worse in the afternoon. It is also said to be very effectual in removing the tendency to cerebral congestions. (Recommended by Dr. Morgan.)

Rhus is *one* of the most important, if not the *most* important of all the remedies at present known in the treatment of the early stages of Scarlet Fever, in the form in which the disease is now most commonly met with. In glandular swellings of the neck; fulness, roughness, rawness, constriction, and burning in the throat; increased redness of the mouth and fauces; heat and itching, with roughness of the skin; stiffness and soreness of the body and limbs, which is worse from being moved, &c., &c., are all indications for the administration of this great remedy. Rhus is not only applicable to the treatment of the acute stage, but is frequently required in the further developments of the disease, especially in patients of a scrofulous diathesis.

I would remark that since I have made Rhus my great central remedy instead of Belladonna in the treatment of Scarlet Fever, now a period of more than fifteen years, the mortality of cases treated by me has diminished one-half. The genius of this disease may undergo further change, and then another central remedy may be required for its most successful treatment.

Belladonna is indicated by the following train of symptoms, viz.: startings in the limbs, with opening of the eyes and soon closing them again during sleep; stiffness of the limbs, and dislike to being moved; redness and puffiness of the face, but sometimes paleness of the whole face or only some parts of it; headache which is made worse by noise; delirium; giddiness with fear of falling; swelling, redness and soreness of the throat, which is worse on the right side;

and painful deglutition. The eruption is of a scarlet redness, and the skin presents a smooth surface when the hand is passed over it.

I would caution the younger members of the profession especially, against giving Belladonna too freely in infants and very young children in Scarlet Fever.

Cantharides may be indicated in any stage of the disease, but it is frequently indicated on the third or fourth day of the eruption, when there is itching and burning of the skin, with disturbance of the brain; and sleeplessness, restlessness and frequent micturition at night. The same remedy is demanded by a stinging, burning, dry sensation in the throat, with great sensitiveness and difficulty of swallowing liquids; and with stringy, vitiated mucus adhering to the uvula and tonsils.

Apis mel. is an excellent remedy in Scarlet Fever when there is œdematous swelling under the eyes, much irritation with itching and sensitiveness of the skin, and frequent painful urination.

Croton tig. is most applicable in cases with scarlet redness, and very fine rash-like vesicles to the eruption, and itching which is followed by burning; dryness and heat of the mouth and throat, extending downwards towards the stomach; swelling and redness of the tonsils and uvula, with or without ash-colored patches in the throat, with painful deglutition.

Cinnabaris, by its association, is intimately related to Croton tig. in the treatment of Scarlet Fever and Diphtheria. It is indicated by ulcerations of the mouth and throat with fetid odor of the breath; and a sense of fulness in the throat, with the excretion of a ropy mucus from the posterior nares and fauces, the symptoms being worse in the evening and before midnight.

From long and very satisfactory experience with the Cinnabaris, I prefer it in the treatment of Scarlet Fever to any other mercurial, unless there is a very special indication for some other preparation of that mineral.

Aurum mur. and Nitric Acid are very important consecutive remedies in this connection.

(Arum triphyllum is highly recommended by Dr. Lippe, in cases with a discharge of thin, ichorous fluid from the nose, soreness of the nose and lips, with cracks and bleeding as well as from the corners of the mouth, with so much soreness inside of the mouth that the patient is unwilling to drink, &c.)

The importance of Sulphur in the treatment of Scarlet Fever must not be overlooked. It is often indicated in the early stages of the disease; and in the more advanced stages the practitioner will sometimes meet with cases which, after having passed through the more acute stages, will come to a kind of stand-still, on account of some dyscrasia of the system. In such cases a few doses of Sulphur seem to impart new life and energy to the system, and will frequently run out the hindering cause to recovery and lead to a state of speedy convalescence.

Nitric Acid is a very important remedy in cases with soreness of the mouth and protracted sore throat, with tendency to diarrhoea in the mornings, in patients of feeble constitution.

Arsenicum is indicated in cases of cadaverous aspect, with distress in epigastrium, anxious expression of countenance, small quick pulse, cool skin, brown, fetid stools, &c.

Lachesis, in cases with puffiness in the front part of the neck, with dark sediment in the urine, and the general symptoms being worse after sleeping.

Ammonium carbonicum is also very important in cases of a typhoid tendency.

In the ichorous discharge from the nose, Rhus, Cantharides, Nitric Acid and Sulphur, have been most successful in my hands. (Dr. Koch recommends Iodine.)

In patches in the throat, either from ulceration or deposit, I have succeeded best with Rhus, Cantharides, Croton tig., Cinnabaris, and Nitric Acid.

I have named most of the leading remedies for Scarlet

Fever, but there are a number more that hold a very important relation to the disease, viz., *Arnica*, *Carbo veg.*, *Coffea*, *Conium mac.*, *Hepar sulph.*, *Opium*, *Phosphorus*, &c.

Without attempting to follow the sequelæ of Scarlet Fever in their multifarious windings of manifestation and requisite treatment, I shall pass this part of my subject, after naming some of the remedies which will be found most useful in their management, viz.:

For glandular difficulties, *Bryonia*, *Calcarea carb.*, *Hepar sulph.*, *Iodine*, *Kali hyd.*, *Lycopodium*, and *Silicea*.

For affections of the kidneys, *Cannabis*, *Cantharides*, *Digitalis*, *Hepar sulph.*, *Nitric Acid*, *Phosphoric Acid*, *Squill* and *Zinc*.

I wish to add that in Dropsy after Scarlet Fever, the proper remedies should be given with confidence and freely, and continued,—if this is done the patients will recover; but if it is not done they will die.

For affections of the heart, chest, and for dropsical effusions, *Aconite*, *Arsenicum*, *Belladonna*, *Digitalis*, *Helleborus*, *Spigelia*, *Squill* and *Zinc*.

For affections of the ears, *Asafoet.*, *Aurum mur.*, *Chamomilla*, *Digitalis*, *Hepar sulph.*, *Pulsatilla*, and *Silicea*.

Dose, and Mode of Administration of the Remedies.—The medicines may be given in solution in water or in the form of powder, but for obvious reasons I prefer the former method. I usually employ the lower attenuations, (especially in the early stages of the disease,) and put about ten drops of the remedies prepared in alcohol, and about a grain of those prepared by trituration in a common-sized tumbler half full of water, and give a teaspoonful every hour, two hours, or three hours, according to the violence of the symptoms, until improvement takes place, and then at longer intervals.

Diet.—As drinks; water, cracker-water, toast-water apple-water, barley-water, rice-water, &c. No ice-cream or flummery of any kind. As food; bread and butter and black tea, cracker victuals, panada, gruel, farina, rice, hominy, &c., during the acute stages; and for the remainder of the time continue a farinaceous and vegetable diet, but with a little wider range. With the exception of milk, cream, and soft-boiled eggs, allow no animal food of any kind to be given for the first two weeks at least.

OUR THREE FUNDAMENTAL PRINCIPLES.

BY ADOLPH LIPPE, M. D.

Our three fundamental principles are—

1. The law of the similars ;
2. The single remedy ;
3. The minimum dose.

These three fundamental principles constitute an essential trine,—an inseparable unit,—and the separation of either one involves the rejection of all.

These, like all other propositions, can be demonstrated by arguments (logically) or by facts, (practically,) and must bear either demonstration if they are true.

An argumentative (logical) demonstration of these propositions was laid before our readers in Vol. ii., page 85, of *The Hahnemannian Monthly*, and we suppose that a large majority of the readers of this *Journal* have fully comprehended that mode of demonstration ; and, as it appears that this our argument has not been fully understood by a minority,* and as we hold that minorities have also their rights, and if that minority should consist of one only, the right to demand plainness must be granted to him ; and if the minority of one or more individuals should have not found it to his or their vocation to cultivate logical reasoning, of which neglect but few men belonging to a “learned profession” are guilty, we feel it our duty to resort to a demonstration so plain, and so practical, and so adapted to their cultivation as to allow no reasonable doubt of his or their ability to comprehend us fully.

All those who profess to be Homœopaths have for the present accepted our first fundamental principle, at least they say so ; but a denial of the other two principles

* Vide *The United States Medical and Surgical Journal*, Vol. ii., No. 6, page 140.

as a necessary sequence of the first one, shows that they never comprehended it fully; and we will now show this by a practical application. We are called upon to cure a patient who is vomiting: according to the law of the similars, we administer an emetic, or, in plain language, a medicinal agent capable of causing vomiting; and we know that Ipecacuanha, Tartarus emeticus, Lobelia, Nux vom., Veratrum, etc., cause vomiting.

All are emetics, therefore all are similar; then shall we give them all in rotation, or mixed up together? There is no hope of success in such a course; we now go a little further, and learn that, although the law of the similars is a true principle, it requires some additional definition to enable us to proceed with certainty in applying it for the cure of the sick; and we find Homœopathy teaching that the characteristic symptoms of the patient must be similar to the characteristic symptoms of the remedy; and we find Hahnemann's advice "how to examine a patient" in his Organon, and we examine the patient according to his advice. And being also in possession of a *Materia Medica*, and supposed to know the characteristic symptoms of the medicines,—we find, in this case of "vomiting," say, for example, of a child, that the child is quite plump and fat; that it is eighteen months old and teething; that it is constipated; that it vomits (what?) its food,—the milk it drinks; and that all it vomits *smells sour*, etc. If we apply the law of the similars, as Hahnemann taught us to understand it, to this case, we administer *Calcarea carbonica*, and none of the ordinary emetics; if we understand it according to the most material interpretation we can find for it, we give Ipecacuanha or Tartarus emeticus, or any other emetic. That child will be cured by *Calcarea carbonica*, but by neither of the "*emetics*." The *sour* vomiting is characteristic in this case, and likely to occur in a fat child while teething.

In another case of "vomiting," we find that the child has also purging,—but it is characteristic that either or

both symptoms occur as soon as the patient drinks the least quantity. Such a patient will not likely be cured by a common "emetic," but by its similar, *Croton tiglium*.

Another patient, a man, vomits all he drinks; but in his case it is characteristic that he has much thirst for cold water, and that he only vomits after some time, *i. e.*, as soon as the water becomes warm in his stomach. This case again would not be benefited by any one of the ordinary emetics, but the "similar" would be found in *Phosphorus*, and it would cure him, because the characteristic symptoms of the patient are also characteristic of the remedy.

These few cases will demonstrate that we must accept this first principle as Hahnemann taught it and as he interpreted it, and that it does require an interpretation; and we further see the necessity of such an interpretation if we wish to succeed in curing the sick. We also see that, in order to be able to apply the first principle, we must learn how to examine a patient in order to obtain his characteristic symptoms, and that we must be familiar with the action of medicines on the organism, *viz.*, our *Materia Medica*. And this interpretation of the law of the similars has been announced, set forth, and taught by Hahnemann himself, as it presented itself to him on his first step towards investigating a safe and true law of cure. Hahnemann wished to learn whether it was possible to find the law which should govern us in administering Peruvian bark for the cure of intermittent fever,—having some facts before him suggesting the inquiry. The first fact was, that Peruvian bark cured some cases of intermittent fever; the second was, it left other cases of intermittent fever not only uncured, but caused much additional suffering. The declaration of Cullen that Peruvian bark cured intermittent fever because it was both bitter and aromatic, caused Hahnemann to have his logical doubts, as an admissible argument; and therein he offended the common members of the profession, who always have and

always will decline to listen to a logical argument. But he also found means to offer a practical argument *by facts*, and he proved Peruvian bark on himself and on others; he thereby began a series of experiments which showed conclusively that a remedy would cure with certainty such diseases as presented a totality of characteristic symptoms similar in their effects on the organism to that of the disease.

We now offer to show the correctness of our second fundamental principle,—“*the single remedy*,”—practically, by facts.

We are called upon to cure a patient who has fever, pain as from subcutaneous ulceration, (soreness,)—the pain is apt to leave one part of the body, but reappears in another part; chilliness predominates; there is no thirst, but clamminess of the mouth. A person who does not accept the true interpretation of the first fundamental principle, will seek a similar for the fever in Aconite and for the soreness in Arnica, and give them in alternation; but if the true definition of the first principle has been accepted, he will soon discern that but one only among the known medicines can be truly Homœopathic to the case,—he will administer Pulsatilla, and cure the patient.

Or, again, we are called upon to cure a patient suffering from suppressed menstruation, and nose-bleed. Disregarding the true interpretation of our first and second principle, one may find a simile for the suppressed menstruation in Pulsatilla, and for the nose-bleed in Mercurius, and administer them in alternation,—supposing that by potent command Pulsatilla will restore the menstruation and Mercurius stop the nose-bleed. The result must be a failure. But the true Homœopathician will find the simile of the totality of the symptoms of the case in Bryonia, with which he will cure the patient promptly.

Or, we are called upon to cure a patient who is suffering from rheumatism, wandering from one place to another, in whom, when the attack ceases, gastric symptoms appear,

and when they disappear the rheumatism returns, and so on. On first sight, the man who only knows the law of the similars without its proper interpretation, may deem Pulsatilla the simile for the rheumatism and Nux vomica the simile for the gastric symptoms, and expect a cure from giving these two remedies in alternation. The true Homœopathician will find the simile in Kali bichromata, and with it will promptly cure his patient.

In the written works of Homœopathy, as Hahnemann left them to us, we find him strongly advocating the single remedy in all acute diseases. In the first three editions of his Organon, we find his advice for administering two remedies in alternation under but *one* condition: he says, in substance, "in cases where protracted and mistreated syphilis forms a combination with chronic pre-existing disease, (syphilis and psora combined,) our *limited knowledge* of drug actions may induce us to administer the most prominent anti-syphilitic Mercurius in alternation with the most prominent anti-psoric Sulphur." In his later editions of the Organon, and in his Chronic Diseases, he has omitted this advice, for the simple reason that the cause—the *limited knowledge of drug action*—no longer existed. Then, again, it was Hahnemann who announced, set forth, and taught the second fundamental principle of our school.

The third principle, the minimum dose, can also be well explained by practical illustrations. The minimum dose is the dose just sufficient to cure, no more and no less; and nobody ever claimed or can claim that it must mean the smallest, infinitesimally conceivable dose.

Hahnemann was called upon to apply his law of cure in cases of scarlet fever. The Sydenham scarlet fever was then prevailing, and Homœopathy was in its infancy. Hahnemann administered Belladonna as the most similar remedy, in very small but appreciable doses, yet failed to cure the patients. Convinced of the correctness of the principle of the similars, he attributed his failures, not to the choice of the remedy, but to the *quantity* of the remedy,

—to the dose; he therefore diminished the dose, and the more he diminished the dose the more successful was he; and he continued to diminish the dose till he could no longer perceive fatal or dangerous results arising from the administration of the similar remedy. And, if experiments made on a large scale show that the smaller doses cure quicker than larger doses, it behooves every physician to endeavor to find for himself what may be the proper minimum dose in each individual case, and in this connection we refer the reader to an article on "*The Question of Doses*," published in the February number of the Hahnemannian Monthly.

These three fundamental principles, announced, set forth and taught by Hahnemann, form a basis for all the practical rules announced, set forth and taught by him, and accepted by the school he has founded; and a deviation from these three fundamental principles, or from either of them, or the adoption of practical rules not based on them or in harmony with them, will lead us into fallacies, and must be followed by fatal results. The denial of their existence is paramount to a denial of the existence of Hahnemann's writings; since he has reiterated them so frequently that quotations would fill a small volume.* And those who are Homœopathicians, who have understandingly adopted these fundamental principles and the practical rules based on them, have ever been well satisfied that they are perfectly correct; that without them Homœopathy could not exist, and that with them we are sure of the success we seek, and which is promised to us.

And in addition to this, it should be remembered that these three fundamental principles have an *historical* existence, and that the record of them in our literature cannot be destroyed. That record is twofold; in the first place we find these principles developing themselves logically, as Hahnemann progresses in his search for the true law of cure and the safe mode of applying it in healing the sick;

* Vide Homœopathy, what is it?—Tafel, Philadelphia.

and later, we find in the second place, a host of faithful followers relating the results of the practical application of Homœopathy, confirming by each relation the correctness of the principles and the practical rules emanating from them as promulgated, set forth and taught by Hahnemann. And finally, a denial of these rules carries with itself impliedly a confession of inability to apply them, or a want of proper appreciation; and whether the opponents of Homœopathy reject them or not, our School will go on increasing, as it necessarily must, because the very application of these fundamental principles in practice insures success. There was a time when Professor Andral was commissioned by the Academy of Science to make experimental trials with Homœopathy in the hospitals at Paris. Professor Andral made them, failed in every instance, and the Academy rejected Homœopathy. Professor Andral necessarily failed, *because he knew nothing of Homœopathy*, which was nevertheless the same true system of cure after his adverse report that it was before. Nor was it possible for the especial ignorance of a great man to injure the important truths vested in Homœopathy. Thirty years later, Professor Andral repented of his report, and acknowledged his error in assuming to judge a system of medicine with which he was not, could not be familiarly acquainted. The dog barks at the moon and the moon moves on; and whoever thinks that the progress of a great reform can be stopped or even for one moment delayed by railing at it, must eventually see his folly and repent at his leisure. Even Professor Andral repented, but having done no permanent harm, he had only to repent of his own folly. Truth is mighty, and must prevail.

INFANTILE FOOD.

BY GEO. F. FOOTE. M. D.

The proper food for infants in general practice, though a matter of vital importance, does not receive that consideration in connection with their physical organization that the subject demands.

The early infant resembles the meat-eating animals in its physical formation. The cardiac and pyloric extremities of the stomach are relatively much farther apart than in the adult, diminishing the larger and smaller curves by which the stomach is made to resemble more a simple enlargement of the alimentary canal, with its two extremities less defined by lines of demarcation, and the lower intestines are relatively shorter. The motions of the stomach are also more direct and serve to push the contents forward without coursing its larger curves in repeated circulatory motions, as in the adult. Consequently the food, when of the proper kind, passes more rapidly through this canal than it does in that of the adult, with an easy and rapid digestion and assimilation.

As the child grows the early teeth are developed, presenting sharp and angular formations, with numerous cusps and but little grinding surfaces; and, in this respect, resemble the dentures of the carnivora.

The infant, until about four months old, secretes but little or no saliva, consequently its stomach cannot dissolve easily any of the amylaceous foods; the presence of saliva being needed in the first process of digestion to convert the starch into sugar.

All these facts clearly point out the necessity of food that must digest easily and rapidly; food that does not require to remain long in the alimentary canal. In other words, the early infant is a meat-eating animal, which is

further corroborated by the almost voracious eagerness with which the young child devours a piece of meat when presented to it.

These simple facts show the fallacy of feeding young infants with substances containing starchy matter, which to them are indigestible, such as arrow-root, sago, farina, corn-starch, rolled cracker, &c., so commonly resorted to by nurses when the mother's milk fails. Mothers and nurses should be taught that these substances will not digest in those little stomachs, but are among the pernicious causes of "wind on the stomach," irritating diarrhœa, fretfulness, and the host of baby ailments so common to infantile life.

Their proper nourishment, then, must come from animal food.

Of course the most natural is milk from the mother's breast. When this cannot be obtained that which resembles it the nearest should be used as a base, with such available additions as shall make the best assimilation.

Cow's milk is the most accessible, and perhaps the best. But on this alone an infant will starve to death.*

In cow's milk the proportion of caseine or cheesy matter is larger, while there is less sugar and generally less fatty matter than in breast milk. But these can all be modified and made to resemble so nearly the natural food that the

* In corroboration of this I will state that I have seen young infants in all the various stages of starvation, in a foundling hospital, where the daily allowance to each child was a quart of cow's milk per day. Furthermore, the reverend pastor (Episcopal) of Blackwell Island informs me that of the five hundred motherless infants that he has baptized within the two years preceding January, 1867, only about twenty were living, most of the balance having been returned dead within about twenty days. Their food was cow's milk only.

On the first of last November, the same reverend gentleman informed me that he had baptized one hundred and sixty since the first of March, of which only six remained living, most of them having died within twenty days after arriving at the hospital.

During the summer whiskey had been added to supply the deficiency.

These children were fed upon milk obtained from cows kept and fed upon the island.

habit soon conforms to the diet, and the child becomes vigorous and healthy.

To accomplish this, the milk from a healthy cow, one that is "new milch," should be allowed to stand after milking from two to four hours, when the top part only, being richest in fatty matter, should be dipped off and diluted with about equal parts of pure water, diminishing the water as the child grows older; sweeten with a little sugar, or what is better, where it can be obtained, sugar of milk (*saccharum lactis*). By this process the proportion of cheesy matter is diminished, while the buttery and saccharine quality is increased and a very excellent imitation of the human milk is obtained, and, when not adulterated with the everlasting rolled cracker, arrow-root, or other amylaceous matter, the child fed on it will become, *ceteris paribus*, vigorous and healthy, free from indigestion and its sequences, particularly when fed at regular intervals through the glass nipple of a nursing-bottle, that requires some little exertion for its extraction. In addition to this, let the child have occasionally a piece of cooked lean meat (beef is the best) to bite upon and suck from. As the child grows and the teeth become developed farinaceous food should be gradually added to the milk diet. But these should contain more of gluten than is usually found in the starchy preparations; those made from unbolted wheat flour are the best.

FIRST ANNUAL REPORT OF THE HOMŒOPATHIC DISPENSARY, LEAVENWORTH, KANSAS.—This Dispensary, of which Martin Mayer, M. D., is the attending physician, and W. K. Cleveland, M. D., and M. E. Halstead, M. D., are consulting surgeons, proves the great strides which Homœopathy is making in the far West.

REPORT OF SOME CASES

Treated at the Surgical Clinic of the Homœopathic Medical College of Pennsylvania.

Medicine used, Fincke's High Potencies.

It must be borne in mind that the class of patients presenting themselves at these clinics is, in a large proportion, from the lowest grades of society, addicted to vice and intemperance beyond the hope of dietetic rules or moral restraint; in consequence of which the curative effects of the medicines have been the more astonishing and, I may say, truly wonderful.

Not one heard from but what was greatly improved, and many were cured, while a large number would return and report from time to time, until improvement set in, and then fail to report the finale of the cure.

It is fair to presume that a large proportion of these were cured. The list of patients is a large one, averaging from ten to twenty a day, twice a week, for about four months, or during the term of lectures, before a large and intelligent class of students.

Hoping that some good may be done by this confirmation of high potencies, as well as the efficacy of Fincke's preparations, I respectfully submit this report.

GEO. F. FOOTE.

MRS. D., age forty; sore throat of long standing; aggravated since wearing a red rubber dental plate. Sore ulcer in left tonsil of two years standing. The whole fauces red and inflamed.

October 10th. Gave Nit. Acid 5^m.

October 20th. Reports better; placebo.

October 27th. Reports better; placebo.

November 3d. Reports better; placebo.

November 10th. During past week an ulcer formed in

back of throat, with pricking pain. Dryness of throat at night. Nit. Acid 5^m, one dose.

November 17th. Much better.

December 1st. Very much better.

Did not return again.

W. M. H. C., age twenty-four; intemperate. Has gleet of fourteen months standing. Been under Allopathic treatment, with strong injections and internal doses, Copaiba, &c. Suffers with pain in groins and bones, aggravated at night on getting warm in bed; worse on getting wet; legs stiff; right testicle enlarged; watery, milky discharge from urethra. Had chancres five years ago burnt out with caustic.

October 13th. Gave Clematis 8°, one dose.

October 20th. More pain in groin; placebo.

October 27th. Reports better. Slight discharge in the morning; placebo.

November 5th. Pains in both groins, aggravated by walking; placebo.

November 10th. Improving.

November 17th. About the same as on the 10th. One dose Clematis 8°.

November 24th. Some pains in groin; little discharge; dry, scurfy eruption on breast, which burns at night.

December 8th. Suffering from a hard, drunken debauch. Gave Nux v. 1^m.

December 23d. Slight watery discharge from urethra; pain in groin, and testicle enlarged. Gave one dose Cubeb, 30.

January 5th. Reports better.

January 12th. Reports better.

January 26th. Discharged cured.

W. M. K., age eighteen; syphilitic ulcers in throat; swelling of the testicles, left one hanging down. Soreness in the epigastrium; pain in stomach, relieved by evacuating the bowels; feces watery. Wakes often at night.

October 13th. Gave one dose Sulph. 81^m.

October 20th. Reports pain in left testicle; beating pains left side; throat sore and inflamed. Stomach feels sore on stooping. *Placebo*.

November 3d. Chancre on penis. *Placebo*.

November 10th. Much better; bowels regular; placebo.

November 17th. Chancre gone; little pain in testicle; placebo.

November 24th. Testicle left side still a little swollen; still improving; placebo. Returned no more.

MAGGIE McC., eleven years, October 24th. *Tinea capitis*. This child had been under Allopathic treatment for ten months at the Episcopal Hospital, and discharged as incurable. Her head had been shaved close.

October 24th, 1866. The head was covered with a dry, scurfy eruption; eyes sore and much inflamed around the edges of the lids; the eyes discharged some purulent matter and agglutinated at night. Had much aversion to meat. Received one dose of Cal. car. 7°.

November 7th. Report much better; placebo.

November 21st. Report much better; the eruption can scarcely be seen. Eyes much better; placebo.

December 16th. Reports about the same. Cal. c. 20^m.

January 5th. Discharged cured.

DAVID WALTERS, nineteen years, October 10th, 1866. Has had syphilis since April, which is made painful by exercise and damp weather. Not so painful when warm in bed. The end of the prepuce is in fissures; phymosis. He had been using Merc. and injections for several months without any effect. Received one dose of Nit. Acid 5^m.

October 17th. Reports better; less discharge; pain low down in the back; stiff on attempting to move. Ulcers on the head of the penis. Sac. lac.

October 24th. Reports better; some pain in and below the knees when walking. Little discharge at night. Sac. lac.

October 31st. Reports better. No discharge. Sac. lac.

November 14th. Reports better. Some odor. Nit. Acid 5^m.

November 21st. Reports better. No discharge. Sac. lac.

December 8th. Reports cured.

H. M., age nineteen; gonorrhœal discharge, burning and stinging pain when urinating, passing only a few drops at a time, but often. Chordee, with inflamed eyes. Been sick three weeks.

October 18th. Gave Canth. 1^m, one dose.

October 20th. Better in every respect. Sac. lach.

October 27th. Better. Sac. lach.

October 31st. No discharge. A little burning on passing water at the end of the penis. S. L.

November 10th. No pain; feels well; sees a little discharge about twice a day. Sulph. 2^m.

November 17th. Discharged cured.

S. A. W., age forty-three; intemperate. Injury of the left leg above the external malleolus, from the fall of a horse while in the army some two years ago. Was in the hospital several months and left nearly well; got worse again some three months ago.

October 1st. Presented himself before our clinic with a large oval ulcer, some three inches long, occupying the place of the old scar, with abrupt edges; the surface for several inches round it was of a dark-purple color, with swelling and throbbing pain and great lameness. Gave one dose Lachesis 2^m.

October 13th. Greatly improved. Sac. lach.

November 14th. Discharged cured.

THE NEW CHURCH MONTHLY.—Vol. I., Nos. 1 and 2.—January and February, 1867—Philadelphia, Pa. New Church Congregational Union, 809 Chestnut street.

This new Magazine, the organ of an important portion of the New Church, is very beautifully printed, and filled with interesting and valuable articles. The "Committee on Publications" of the New Church Congregational Union consists of Messrs. T. S. Arthur, B. F. Barrett, Wm. Roberts, I. N. Gregory, Julien Shoemaker. Communications should be addressed, "Editors New Church Monthly, West Philadelphia, Pa.—P. O. Box 300."

CUBEBS IN CROUP.

BY EMIL TIETZE, M. D.

"Hallo, what are you doing here, you little imps?" we asked one morning a little crowd of plump and hardy-looking fellows, whom, on our entering the room, we found in congregation around a small box of Homœopathic medicines, lustily prescribing for themselves, apparently without the slightest necessity, and certainly without the guiding light of the simile, and in gross violation of the famous three principles.

"Why play, doctor; don't you see?" was the naïve reply.

"Mercy!" cried the mother, entering by another door, nearly at the same time we did, "What are you doing, children? How often have I told you not to touch this box?" "Oh, well," she added a little calmer, "I think they have not yet done any harm, quickly picking up, as she said so, a few vials, the corks of which were remarkably black from usage. They were labeled *Hepar* and *Spongia*, and told a story of their own, and we assure you, every word of it was true; so true, that whenever there was another new-comer in that family, we always fervently prayed that all the "sponge" he might require, might answer in the "unroasted" state.

It is true, thousands of children, attacked with this fearful and treacherous disease, have been saved by our old, well-known remedies. Thousands, we may also add, who, under old-school treatment, most surely would have lost their lives. And yet, among all the numerous diseases of children, there is hardly one which we more dread to be called upon to treat, than this. During a practice of nearly fifteen years, we have had our share in the treatment of this affection; our share of painful, heart-rending sights, of sleepless nights and days, full of anxiety, suspense, fear,

ominous forebodings and depression. Who asserts never to have lost a case of croup, has, in our opinion, never treated one. We have not lost many, yet wish they had been fewer. Who would not? Perhaps they will be more and more so in the future. Whether the reader can find such a hope in our narrative, he must decide for himself. Here it is.

January 15th, 1867, 10 A. M. We were requested to call at the house of Mr. E. L., in Green street, to see his youngest daughter L., a little girl about five years old, of lymphatic constitution, stout and tall for her age. She is of fair complexion, has flaxen hair, and bright blue eyes, and is very lively and spirited, when well. We might add, that she is slightly psoric, if we could be but sure that this would be taken *cum grano salis*. She has had several attacks of croup within our recollection, one of which was very severe, and from which she recovered under the use of Jodium and Kali bichrom. We now find her playing in the nursery, a little drooping and out of spirits. She is hoarse, and breaks at times into a short, rough and barking cough, which she seemingly tries to suppress, yet the larynx does not seem sore at pressure. Pulse a little irritated, now and then, with a slight flush on the face, and with sometimes increased warmth of the hands. Soft palate, fauces and tonsils, though not inflamed, have a somewhat puffy and spongy appearance. The tonsils are very much enlarged, especially the right one, and are covered with a fine and dense net-work of highly congested vessels. The right tonsil protrudes considerably from its niche, completely filling out the right arcus glosso-palatinus, the uvula on this side resting on the tonsil. Thus the outlines of those different parts have almost disappeared, and become more visible only by deep inspiration. There is no exudate on either of these parts. She had been somewhat hoarse the day previous, yet had been allowed to be out doors for a little while. Her mother had given her Hepar and afterwards Jodium, which remedies she always keeps on hand.

We advised to continue with Jodium 2 dec., ten drops in half a tumbler full of water, of which a teaspoonful was to be given every two hours, and requested the parents to send us word if she should be any worse towards afternoon or evening. The father of the child called at our office between 7 and 8 P. M., and reported that L. was by all appearances doing well; at any rate, not worse, and that he had left her sleeping. We gave him a powder of Kali bichrom. 2 dec., which was to be dissolved in half a tumbler of water, and given in place of the Jodium solution, if there should be any unfavorable change. At about 12 P. M., we were requested to come and see L., as she had grown much worse. Knowing both parents to be very collected and calm, even in trying situations, we felt very apprehensive of danger, and were only too sorry not to have been mistaken in our fear. For on entering the main hall we at once heard the dreadful, ominous sawing of the little heaving breast, which loudly and imploringly called for help from the sitting-room on the second floor. Patient, although her breathing had been more or less harsh, accelerated and oppressed, had nevertheless slept tolerably well until about 11 P. M., when she suddenly awoke with a paroxysm of coughing, which seemed almost to strangle her, and threw her in such agony that they thought her dying. She convulsively grasped her mother, who had taken her up, threw back her head, turned livid in the face, looked wild out of her eyes, struggling all this time for air, and attempting to cry, her breast moving up and down tumultuously. Finally, she had grown a little more quiet, and taken, in short intervals, two doses of Kali bichrom., which she had had some trouble to swallow, the act of swallowing having threatened to throw her into another attack of suffocation. We mentioned what sounds greeted us on entering the house. We found her in her mother's arms, restless, nervous and in agony. Pulse from 98 to 105, not higher. We will not attempt to describe the case more minutely, since every physician knows the impossibility of doing so satisfactorily. Suffice it to say,

that our heart began to fail us. Under the circumstances, we will not be censured for not having again examined the oral cavity, &c., as we were fully convinced, from the nature and severity of the symptoms, that membranous exudates had formed. The noises accompanying inspiration up to this time were alarming.

We at once gave the little sufferer five drops of Tincture Cubebæ, in about half a teaspoonful of water. She swallowed it tolerably well. The effect of this remedy was surprising, indeed, for in less than fifteen minutes the child became more quiet, the breathing less laborious, wheezing and sawing. She was now taken to bed, and soon fell into an apparently sound sleep, with the first faint indications of mucous rattling. Thus she slept for some time, and during the night received but another dose of the same remedy, consisting of a teaspoonful of a solution of ten drops of Tincture Cubebæ, to ten teaspoonfuls of water. We went home with a lighter heart, honoring and thanking those to whom honor and thanks were due.

We need scarcely add that we found our patient much better the next morning. An inspection of the fauces and tonsils showed these parts still puffy and congested, yet to a less degree. The latter, on their posterior-inferior surface, were covered with a thick, grayish-white exudate, which seemed to extend down into both pharynx and larynx. These elevated exudative spots were not marked off very sharply and distinctly against the congested mucous skin of the tonsils, but diffused and dissolved themselves, as it were, from their thick margin, out into an opaque-colored, very thin layer, which surrounded the former to the extent of a sixth of an inch or so, and resembled in its appearance very much the slight corroding marks from the application of a weak solution of nitrate of silver. The hoarseness, although less, had not yet disappeared entirely, cough less spasmodic and looser, breathing still somewhat harsh, but normal as regards frequency. We continued with the remedy, adding a small quantity of water to the remaining

solution. On our evening visit we found patient soundly asleep, breathing softly and quietly, and quite lively the following morning.

We do not call this a model croup cure, if such there be any at all. The fact that Cubebs were given soon after Kali bich. may make it appear doubtful whether to the lastly-given remedy alone belongs the praise. Yet a decided change was visible so suddenly after the first dose of Cubebs, changing, as it seemed, by magic, the whole alarming scene, that we incline strongly towards the belief that to the latter remedy belongs the credit of having effected this alteration. At any rate, we have never before witnessed, in a case of croup, so sudden and decided a change for the better, from any remedy we have ever given.

If any one should ask us the special symptoms upon which we based our remedial selections, we may safely refer him to Ss. 115, 118, 124, 126, 128, 129, 130, 152, 153 of the pathogenesis of Cubebs, as published in the Hahnemannian Monthly, although we must frankly confess, that at the time of selection, we had no other and asked for no stronger pillar than S. 124, which, undoubtedly, is the most important of them all.

Baehr in his *Therapia*, vol. ii., page 132, throws out a very practical hint, as regards the treatment of croup, in the following remarks: "Taking every thing in consideration, we must confess, that a treatment of croup, based solely on (subjective) symptoms, is not practicable, and that a frequent change of remedies, considered necessary in view of the change of symptoms, cannot have but fatal consequences. We know the effect of drugs to be applied, yet, which be the best, we best infer from practical experiments." Here no doubt, as on many other points, opinions will differ, yet we hope to be pardoned for confessing our adherence to that doctrine which at least must be acknowledged as coming from a reliable, experienced and eminent physician.

As regards the dose in which we gave the remedy, we

have no apology to offer, even if some should deem us a "horrible sinner" on that account. Indeed, to tell the whole truth, we intend, whenever opportunity offers, to do precisely the same thing again, and shall do so mainly from the following reasons :

1. Dr. Trideau's cures were brought about by large doses. Those cures were effected "*tuto, cito, et jucunde*"—we, of course, except here the unpleasant effects of the Balsam Copavia. No cure can be thus (*tuto cito et jucunde*) effected without it is effected homœopathically. Homœopathic cures, when gained by doses too large, aggravate the disease. No such aggravation having taken place in Trideaux's cases, after the use of the specific remedy, we infer that the doses he used were not absolutely too large. Here we beg also to remember the form in which the Cubebs were given.

2. Cubebs, like Balsam Copavia, having in a diluted form in our hands never shown any prompt action upon the mucous membrane of other organs, we deemed it prudent under so trying circumstances, to give this remedy in large doses, as we desired the quickest and most prompt effect possible.

3. The doses we gave showed not the slightest aggravation of the disease, but cured "*tuto cito et jucunde*." No drug symptoms have been observed afterwards, although we were for days conscientiously on the lookout for them.

AMERICAN DIRECTORY OF HOMŒOPATHIC PHYSICIANS.
Proof Copy.—We have received several copies of the *proof* of this Directory, for correction ; and if it can be issued free from the innumerable errors which now deface its every page, it will be a great acquisition to the public. We shall correct all the errors, which occur to us as such, and trust every one who receives a "proof copy" will do the same, and return to John B. Hale, care of Nevin's Steam Printing House, Cleveland, Ohio.

BLACK PEPPER.

Translated from the French of Dr. Houat.

We give here some symptoms of Black Pepper, in order to set forth somewhat the analogy which exists between it and the Cubeb Pepper.

1. Heat on the forehead, with heaviness of the head and vertigo; necessity of a support to prevent falling.
- . Violent headache; it feels as if it would burst at the summit.
- . Neuralgic pains running through the whole head at every change of the temperature.
- . Sensation of pressure on the head and as if the bones of the cranium and face would rest on the lower jaw-bone.
5. Rushing (*bouillonnements*, literally boiling up) and congestion of blood to the head, with burning and throbbing pains and prickings.
- . Pressing pains at the temples, as if they would be broken in.
- . Feeling of fluctuation and oscillation of the brain when moving.
- . The motion of a carriage deafens and produces spasms.
- . (Temporary) loss of sight and vertigo, with cephalalgia, nausea and vomiting.
10. Heaviness and congestion of the cerebellum with fulness of the face.
- . Sensation of emptiness in the brain, or of fulness, as of a great deal of fluid.
- . Attack of numbness in the brain, producing something like sleep and swoon.
- . Crusty ulcers at the pavilion of the ears.
- . The eyes inflamed and burning, with a sensation of cold in the eyelids.
15. Water in the eyes and aversion to light, (lachrymation and photophobia.)
- . Eyelids ulcerated and bleared.
- . Dryness and burning in the nostrils; the nostrils are stopped up.
- . Dry or fluent coryza.
- . Frequent sneezing,—epistaxis.

20. Pressure on the bones of the nose, as if they were breaking.
 - . Drawing faceache, with a sensation as if all the muscles and bones were ranging themselves one upon the other.
 - . Red and burning face.
 - . Large pustules, leaving marks on the face.
 - . Eczema on the lips.
25. Convulsive closing together of the jaws.
 - . Heat and dryness of the palate, which seems to be burned; likewise of the tongue.
 - . Burning dryness of the mouth and throat.
 - . Caries and loosening of the teeth.
 - . A whitish coating on the middle of the tongue.
30. Eruption of little burning vesicles on the tip of the tongue.
 - . Painful, heavy tongue; impeded speech.
 - . Low voice, which cannot be understood.
 - . Violent toothache, particularly in the warmth and evening.
 - . Darting eruption and ulceration, principally at the left mamma.
35. Burning and swollen breast.
 - . Great flow of milk.
 - . Burning in the throat, with a sensation of stiffness, as if it were an iron tube.
 - . Paralysis of the muscles of the throat; crying, without the power of articulation.
 - . Constant need of expectorating much mucus, which forms in the throat.
40. Burning pains on the tonsils, with sensation as if they were pierced.
 - . Sensation of heat and dryness in the throat, (or chest, *poitrine*.)
 - . Hoarseness, with coughing and constant snuffing.
 - . Burning and lancinating pains in the entire chest.
 - . Croupish cough, with pains of excoriation in the trachea.
45. Ulcerations and false membranes thick and deep in the larynx.
 - . At each coughing spell it seems as if he would rupture the throat (or *poitrine*, chest) and spit blood.
 - . Severe coughing, especially at evening and when going to sleep.
 - . Brisk, hollow, resounding cough, more so at evening and

morning, with a whitish and sometimes grayish expectoration.

- . Painful spots on various parts of the chest, aggravated by coughing, respiration and motion.
- 50. Incessant coughing, with sensation of ulceration in the bronchia.
 - . Disposition for obesity of the chest.
 - . Voice low, deep, and sometimes rough.
 - . Violent cough, occasioning spitting of blood.
 - . Acceleration of the heart's action.
- 55. Sensation as if the heart were surrounded with water.
 - . Dyspnoea and attacks of suffocation.
 - . Uncomfortable feeling in the whole abdomen.
 - . Cramps and drawing in the stomach, with a desire for gross and uncommon victuals.
 - . Vomiting, accompanied by great exertion; it seems as if the whole stomach itself were to be vomited.
- 60. Sensation of heat and dryness in the stomach.
 - . Colic and cramps in the intestines; sensation as if they would burst.
 - . Inflammation of the intestines, with great thirst.
 - . Rumbling of the bowels, with a sensation as if every thing in them were in ebullition.
 - . Heaviness in the intestines, with a great deal of flatulency.
- 65. Burning and lancinating pains in the liver, as if there were a tumor.
 - . Disposition of the abdomen to obesity.
 - . A very painful sensation of restlessness in the intestines.
 - . Swollen, hard and burning abdomen.
 - . On moving, electric discharges seem to be produced in the intestines.
- 70. Pains as from abscesses in the intestines.
 - . Long-lasting constipation, then involuntary thin stools.
 - . Borborygmus in the intestines, with much flatus, also in the stomach.
 - . Inflammation of the rectum, the anus swollen and burning; great hesitation to go to stool on account of the difficult and painful defecation.
 - . Fissures at the anus.
- 75. Large and flowing hemorrhoids.
 - . Burning in the loins and reins (region of the kidneys) with contractive movements.

- . Burning pains in the bladder, as if there were a pan of coals.
- . Full and swollen bladder, with frequent inclination to urinate without success.
- . Difficulty of urinating, with a urine generally opaque, (*chargees*, loaded,) turbid, brownish.
- 80. Urine containing sand.
 - . Diabetic urine.
 - . Hematuria.
 - . Burning in the bulbous portion, and in the canal of the urethra.
 - . Amorous thoughts and desires, with hypochondria.
- 85. Inflammation and swelling of the penis, with priapism and burning pains.
 - . Pains of excoriation at the penis; as from an excess of sexual indulgences.
 - . Bleennorrhagic discharge, greenish and of an offensive odor.
 - . Priapism.
 - . Burning and pricking of the gland.
- 90. Strong ejaculation, or almost none, or very difficult.
 - . Congestion of the blood in the ovaries and uterus, with pricking and lancinating pains.
 - . Burning and distending pains in the uterus.
 - . Sensation of a foreign, round body which rises even to the stomach, with tearing pains in the intestines.
 - . Contraction of the uterus, with a sensation as if something strove to penetrate into it.
- 95. Menses make their appearance with difficulty; retarded menstruation.
 - . Menses capricious, irregular, with colic and blackish blood.
 - . Insupportable itching through the whole body, aggravated by scratching, and by heat and motion.
 - . Very tender skin.
 - . Dryness and coldness of the skin, or heat with biting dryness.
- 100. Cold sweat, with great heat through the whole body.
 - . Sweat, which seems to corrode the skin.
 - . Continual unquenchable thirst.
 - . Great sleepiness, particularly in the evening.
 - . Lethargic sleep.
- 105. Awaking at night, without being able to sleep again.

- . Irresistible desire to sleep, especially in the evening and after eating.
- . Sleep with nightmare and frightful dreams.
- . Self-important; irascible, and often gay.
- . Prepared for any thing, (to meet any attack.)
- 110. Hypochondriac, with fear of being poisoned.
- . Attacks of spasms, with tetanic stiffness of the limbs.
- . Inflammation and swelling of the joints.
- . Great weakness of the whole body.
- . Bones easily fractured.
- 115. Aggravation of the sufferings from motion, in the evening, and in damp weather.

DR. E. M. HALE'S WORK ON ABORTION.—We have thought it not improper to preface Dr. Hale's earnest disclaimer of the unsound doctrine supposed to be taught in his recent Treatise on Abortion, with an extract from the private note accompanying it.

For Dr. Hale's own sake, as well as for the credit of our Homœopathic School, we are thankful to find that his teaching, in a most important respect, has been so grossly misunderstood.

DEAR DOCTOR:—I notice that you publish the proceedings of the Maine Association, in which a *resolution* occurs concerning me.

The strange misconstruction which some of my colleagues have put on that sentence surprises and grieves me.

I enclose you my emphatic denial of any intent to teach such damnable doctrines, and wish you would publish such denial, with a few words of your own.

I shall send you in a few days a *new reading* of that page, which I have ordered my publisher to put in the place of the one which seems so obnoxious, and hope you will find room for that also.

* * * * *

In answer to the resolution of censure passed upon a sentence in my Treatise on Abortion, which appeared in your last number, permit me to say that *I wholly disavow any intent to teach that the induction of abortion is at any time proper or allowable for the purpose of protecting the mother from any of the ordinary diseases which may occur during pregnancy, or afterwards, but only in those instances where serious and dangerous disease places the life of the mother in imminent danger.*

E. M. HALE.

CHICAGO, February 11th, 1867.

NEW PUBLICATIONS.

THE SCIENCE AND ART OF SURGERY.—By Prof. E. C. Franklin.

Generally speaking, it is, no doubt, an unfortunate thing that Editors are not infallible. But we are thankful to find reason to believe that some of our strictures on this work, founded upon a mistaken view of its plan and extent, were scarcely justified,—especially in the instance specified of *inflammation*. The plan of the work includes four distinct parts, according to the original prospectus; and in Part I., inflammation was considered in a general manner; and the author informs us, that when he comes to treat of “specific inflammation, in which certain organs are involved,” then the more particular indications of the remedies will be given.

This is as it should be. But in order that this may be done in a manner to render the work of the highest value to the profession, it should contain *the hitherto unwritten experience and observations* of our ablest physicians and surgeons as to the particular indications, characteristic symptoms and specific virtues of the Homœopathic remedies in surgical cases and diseases.

Professor Franklin has undertaken an immense work, for Homœopathy; and in addition to the vast personal labor which such a work must necessarily involve,—labor which no man can fully appreciate till he has tried it,—he incurs also heavy pecuniary responsibilities. It will be long before such a work will be again undertaken for the Homœopathic profession; let every Homœopathic physician of experience, therefore, consider it his duty to contribute whatever items of practical value he may possess, which he knows are not generally known,—*especially as to the indications which* he may have learned from personal experience, for our remedies in surgical cases and diseases. If this suggestion meet the approval of the members of the profession, Dr. Franklin will gladly receive such aid, give to each one proper credit, and be enabled to furnish a work of most incalculable value;—one, in fact, which will not only emancipate Homœopathic physicians and students from all dependence upon Allopathic works of this kind, but which will at the same time give an immense impetus to Homœopathy itself. How much better will it not be for

Homœopathic physicians thus to unite to render the work what it ought to be, and what it can become in this way only,—instead of complaining that one of their number has not accomplished the impossible! F.

ANNUAL REPORT OF THE NEW YORK HOMŒOPATHIC DISPENSARY.—This Dispensary, the first free Homœopathic Dispensary established in America, is now situated at 109 West Thirty-fourth street. J. S. Linsley, M. D., is house physician; L. Lilienthal, M. D., surgeon. Total number of prescriptions made the past year, 19,177; of patients, 10,218.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY

ROBERT J. McCLATCHEY, M. D., SECRETARY.

BUSHROD W. JAMES, M. D., SCRIBE.

The meeting of this Society in January was largely attended. The President, Dr. GARDNER, occupying the chair. A carefully prepared and valuable essay on Scarlet Fever was then read by Dr. WILLIAMSON, and afforded great satisfaction to the members present.

(Dr. WILLIAMSON's paper appears in another part of this Journal.)

The discussion was then proceeded with.

Dr. JACOB JEANES commended the paper just read. He thought it a valuable contribution. But we must be careful how we commend one article of diet and proscribe another. He thought animal food should not be used for at least two weeks after convalescence had set in, but did not agree that eggs might be safely used in a few days. He agreed with Dr. W. in objecting to the use of ice-cream, particularly during last stages of the disease, for fear of dropsy resulting. Thought most such results were occasioned by the use of cold food or exposure to cold or draught. This condition is a very dangerous one, and should be carefully guarded against. The urine undergoes many changes, and should be daily carefully scrutinized. In cases in which he had observed the "coffee grounds" sediment, *Ambra grisea* had proved useful.

Dr. A. LIPPE remarked that almost every physician who had been in practice a long time would sustain the views expressed in Dr. WILLIAMSON's paper. His own rule was on the *third day* to look for the antipsoric remedy for the case. The disease generally shows by that time in what manner the system is going to be attacked. *The third day is the critical day in this disease.* He would add to the list of remedies already given, *Arum. tri.* The symptoms indicating its use are principally, very acrid discharge from the nose, tongue red, papillæ elevated, lips and mouth sore, corners of the mouth cracked. The child will not drink on account of the great soreness of the mouth, and cries violently if a drink is offered. When these symptoms occur the physi-

cian feels that his case is a serious one. In connection with this condition there are four remedies which he desired to mention, viz., *Arum tri.*; *Silicea*; *Lycopodium* and *Nitric Acid*.

In *Arum* the aggravation takes place at night.

Lycopodium. Aggravation every afternoon at four o'clock. Stoppage of the nose with acrid discharge.

Silicea. The nose is stopped up and the discharge is very acrid, and there are putrid stools.

Nitric Acid. In addition to the above symptoms, ulceration of the mouth and throat, beginning at the interior of the lower lip.

Another remedy, which had been omitted, is *Bichromate of Potassium*—pains in the ear, swelling of the parotid glands and glands in the neighborhood. The pain in the ear extends to the head and descends to the same side of the neck.

For the Sequelæ of Scarlet Fever.—Where there is a black sediment to the urine, *Lachesis*. When the urine is black, *Colchicum* or *Digitalis*. For dropsy, *Apis mel*.

Dr. C. A. LEECH desired to ask Dr. WILLIAMSON what relation, if any, existed, in his estimation, between *Scarlet Fever* and *Diphtheria*?

Dr. WILLIAMSON replied that that was a question readily asked, but not so readily answered. He had seen instances thirty years ago of as distinctly marked cases of diphtheria under the name of putrid sore throat, as the majority of the cases of diphtheria he had seen within the last three years under its new name. Putrid sore throat was always looked upon as a variety of scarlet fever, and was generally attended with more or less of the eruption. But diphtheria, as it now appears, is very rarely attended with any eruption, although he had occasionally seen cases in which a slight eruption was present.

The doctor said he had had cases in which the deposit generally observed in the throat, was seen under the cuticle in different parts of the face. His son had recently attended a case in which the deposit was on one of the cheeks of the child. He had also seen cases in which diphtheria was attended with erysipelas of the face and neck. This might arise from a power possessed by the disease of developing diseases of a kindred nature; just as scarlet fever is known to develop scrofulous affections, and small-pox and chicken-pox will often develop eruptive diseases latent in the system. There is doubtless some connection between scarlet fever and diphtheria, but he was not prepared to say in what it consisted.

Dr. O. B. GAUSE remarked that the disease under consideration manifests itself chiefly in the skin and mucous membrane, and topical applications, such as grease and warm water, are a popular resort. He desired to have the experience of the older practitioners in relation to this matter.

Dr. LIPPE said the present use of grease arose from an error, and he thought he could account satisfactorily for its first introduction. It was first resorted to in Dresden, where the rind of bacon was used, bacon that had been smoked over wood fire for a long period, say six months, and consequently containing a large amount of Creasote. It was this agent that had afforded whatever benefit had been derived, and not the grease itself.

Dr. LEECH asked Dr. LIPPE if he considered the *Creasote* as Homœopathic to the disease?

Dr. LIPPE replied that he had no doubt that it possessed some antiseptic property and produced some change in the disease. He thought that in all probability it prevented putridity of the throat. He did not believe in larding patients. He would decline to attend cases where the parents persisted in greasing the patient. He thought warm water

might be used if carefully applied, and would relieve the intense itching at times. The Doctor further remarked that he had at one time used very different remedies for scarlet fever from those he now prescribed, and was quite as successful then as now. At one time, *Iodide of Mercury* and *Capsicum* were the chief remedies. The disease appears to have undergone a change of type. In one epidemic, in which he did not lose a patient, he gave *Belladonna* in but a single case.

Dr. WILLIAMSON said he was very glad to observe that the discussion had turned on the disease itself, and not on the paper just read, as heretofore. In regard to the greasing process of treating scarlet fever, he had never had any of his patients greased, nor had he known it to do any real good. It was said to relieve the itching and irritation of the skin, but if it did give some relief, and relief only, without any curative effect, we might as well go back to the beggarly elements of Allopathy, and bleed in pleurisy, purge in constipation, etc., as grease our patients in scarlet fever. He held the same views in regard to the use of warm water, though this was less objectionable.

Dr. JEANES said this disease is not merely undergoing changes now, but has always been doing so. It has existed for many years under different names and with different descriptions. The first accounts are probably from Spanish sources. Sydenham says of it, *i. e.* of smooth scarlatina, that it is owing to a disordered condition of the blood, and is best when let alone; if the patient dies he dies from the meddling of the doctor, but if the cases are malignant, bleeding, etc., must be had recourse to. Dr. J. thought diphtheria was scarlet fever modified by some unknown surrounding circumstances; it not only succeeds but sometimes precedes the latter disease. He disliked the name diphtheria, and the idea of the formation of a false membrane. He did not believe much in false membrane. In his estimation it was the result of the acrimonious discharge affecting the surface of the mucous membrane. Dr. JEANES related the case of a little girl who vomited for seventy-two hours, when an eruption of measles developed itself on one part of the body, and scarlatina on another part. Nature was here evidently making every effort to relieve herself. *Bell.* 200, in this case, was followed by happy results.

Since the organization of our public school system physicians had found greater complications in the diseases of childhood than had existed before. There is some cause that operates to produce scarlatina with sore throat but without efflorescence, but which affords no immunity from future attacks.

Dr. FROST observed that scarlet fever itself appears to be a complicated disease in the first instance. In New England, particularly, the cases are still remembered in which, at one time, a child would have what was called the *canker rash*, consisting principally of inflammation of the fauces, but without the eruptive fever; and at another time the same person would have the peculiar scarlet fever eruption by itself. While others again would have, in a single attack, both these forms of disease, and would then be said to have the *scarlet fever and canker rash*. It would appear therefore that the same epidemic poison in the different constitutions, of different individuals, develops itself successively on the skin and on the mucous membrane, or on both at the same time. These old-time cases of scarlatina were often exceedingly malignant, putrid, and fatal. But I have hitherto seen no evidence that the old-fashioned putrid sore throat,—whether connected with scarlet fever or canker rash, or not,—was ever accompanied by the *false membrane*, which we regard as the peculiar characteristic of our modern diphtheria. And yet the scarlet rash, which in our time mostly replaces the true scarlatina of Sydenham and Hahnemann,

seems readily to amalgamate with diphtheria; and the hybrid disease that results is doubtless the most discouraging that the physician of the present day is called upon to treat.

So far as my observation extends,—Dr. F. further remarked,—unusually severe and repeated or prolonged vomiting may be regarded as indicative of a malignant attack. One such case, I remember, was followed by sloughing from each side of the fauces, the masses extracted from the mouth being so putrid, that although immediately thrown out of the window, the room had to be fumigated. In another case four abscesses formed externally, and were running at the same time; this child, though unable to stand upon her feet for three months, made, like the other, a perfect recovery, and became strong and hearty. In the former case *Lachesis*, and in the latter *Silicea*, was of the greater service. In another case the severe vomiting was followed by an attack of scarlatina, less malignant indeed than either of those just mentioned,—but in which the child remained in most imminent danger for five weeks,—the regular course of the primary disease being succeeded by what might be called an acute scrofulosis. This secondary form of disease, commencing in the glands of the throat, extending to those of the bronchia, involving the lungs, the stomach, the liver and intestines in distinct succession, and finally terminating its course in the kidneys. This little girl, treated with most anxious care for many weeks, also made a complete recovery and became healthy.

In regard to the greasing process, Dr. FROST said he had never resorted to it; goose-grease, which could not be procured, he sometimes mentioned to people, in joke. Anointing with some animal oil, however, will greatly relieve the intolerable itching which often attends the desquamation of the cuticle in convalescence. The *hot water* he had used,—in the form of hot wet sheets, or packs, and kept on from twenty to thirty minutes, never longer,—with excellent results in some very bad cases. The hot pack applied in this manner he had found to moderate the malignant intensity of the fever; to promote the full development of the eruption; and to assist in keeping it out when it was inclined to recede. This method of treatment is suited only to those cases that are characterized by the most intense fever,—“burning up with fever;” and to such cases he believes it truly Homœopathic.

Dr. LEECH said that from his observation in this disease and diphtheria he had arrived at the conclusion that the *condition* at the bottom of scarlet fever, diphtheria, and erysipelas, is the same. He did not consider that the diseases were identical, but the same pathological state or condition, by addition or subtraction or other modification, according to the surrounding circumstances or the internal state of the system, would lead to one or the other. A corroboration of this is seen in the fact that the same remedies are useful in all, and that during the course of either, symptoms of one or both the others occasionally arise.

Dr. BUSHROD W. JAMES did not agree with the last speaker that scarlatina, diphtheria and erysipelas are similar, or even very analogous diseases. He believed them to be quite separate and independent affections. Scarlet fever is a very contagious disease amongst children. Seldom, when it gets among a family of children, do any of them escape. Diphtheria is but very slightly contagious. He had seen many cases in which but one member of a family was affected, the other children escaping entirely. Erysipelas is never contagious unless it becomes epidemic, as it occasionally does in hospitals among operated cases. Each of these diseases certainly has very marked characteristics and distinct symptoms.

With regard to the contagiousness of scarlatina, he wishes to observe that the popular opinion in the community, that the disease can be

carried, by means of the clothing, from one family to another, is erroneous. It is well known to practitioners that adults who have been much in the room with a case of the disease oftentimes get what is called a scarlet sore throat, which is equivalent to scarlatina, although no eruption appears on the body. Persons from just going into a room where scarlet fever exists will frequently acquire this sore throat, and not knowing its nature attribute its presence simply to a cold, and in this way unconsciously convey the scarlet fever poison to a number of families.

Dr. TOOTHAKER proposed three inquiries. *First.* What is the experience of the Homœopathic faculty in regard to the temperature of the room and its importance in cases of scarlet fever? The doctor had always been in the habit, in such cases, of ordering the room kept quite warm and of uniform temperature. Some years ago he was practising in a neighborhood where another physician ordered the room kept cool and the windows to stand open on the beds of his scarlet fever patients. All his patients in that neighborhood died. This was in summer. He wished to inquire whether, in the opinion of other physicians, the subject of temperature was of any great importance. In his opinion it was often, and in all bad cases always, of vital importance.

Second. What is the opinion and experience of physicians in regard to scarlet fever and inflammatory rheumatism? Are they apt to occur near together, or is rheumatism ever or frequently a sequence of scarlet fever? Do such complications greatly enhance the danger of the case, and why? and must such cases be generally and necessarily fatal?

Third. What is the opinion of the physicians present in regard to the topical application of hot water in certain cases and conditions of scarlet fever? Is it ever allowable or useful, and if so, when? How and under what circumstances should it be applied, and to what extent? by the sponge bath; the towel wrung out of hot water; or by submersion of the whole body? Dr. TOOTHAKER had been in the frequent habit of using hot water topically in fevers since 1851.

Dr. LEECH objected to the use of hot water applications in the disease in question, if we wish to stick to the Homœopathic law. It is not Homœopathic, but palliative.

Dr. TOOTHAKER resumed. He believed it to be Homœopathic. Homœopathic nursing, if you please. He uses it exactly where, as an old-school practitioner, he used to use ice or ice-water. He believes in Homœopathy every where and at all times, in nursing as well as in doctoring. Ice on hot surfaces is Allopathic. Hot water is Homœopathic, only do not use Homœopathic applications so long or so extensively as to make Allopathic doses, even in nursing. He doubted the propriety of submersion. Generally, if the head is hot, the feet are cold, and if the body be submersed the application to the extremities is Allopathic, while to the hot head or hot chest it might be Homœopathic. It has been said that the topical application of hot water in scarlet fever cannot be Homœopathic. He would ask why not? Is there no resemblance between the redness, the heat, the inflammation, the almost blistered surface of scarlet fever, and the redness, heat, inflammation, and blistered surface produced by the application of hot water to the skin? Is not the cuticle thrown off in scarlet and other fevers, and in erysipelas, as truly as by the application of heat? True, the symptoms are not identical, but that is not the law of the cure. But they are similar and therefore Homœopathic and curative, and this will be found true in practice by every wise and skillful physician. The curative power of the application is proof of the law and evidence of the similarity.

Dr. FROST said it was not his object to recommend the hot wet sheet, but simply to relate his own experience. He had used it only in the worst cases, applying it from five to seven times in a case, the intense fever being relieved for a while, but requiring the application again in about three hours, until the force of the disease was somewhat abated, and that in every instance it had evidently exerted a positively beneficial influence, and been followed by recovery. He considered that by this method he had formerly saved cases, which, in those days at least, he could not have saved without. The sheets were wrung out of water as hot as could be borne by a woman's hand, becoming sufficiently cooled by the time the child could be wrapped in them.

Dr. RICHARD KOCH spoke of the benefit to be derived from opening the windows of the apartment in seasonable weather, taking care that no draught of air blows upon the patient. It is a blood disease and the child wants as much oxygen as it can get. His hospital experience proved it to be a benefit. The same precaution should be observed in regard to small-pox, &c. Much of the great mortality in scarlet fever among the crowded poor, is to his mind undoubtedly due to the want of fresh air.

There is another remedy that should be added to those already given, where there is an acrid discharge from the nose, ulcers at the corners of the mouth, etc., a sure sign of a malignant case, viz., *Iodine*. He regarded this as one of the most important remedies when these symptoms are present.

Dr. O. B. GAUSE said that touching the pathology of scarlet fever we find the skin largely involved. When we consider the anatomical structure of the skin and mucous membrane, and note the marked similarity in their structure, each being adapted to its special function by its cell, we are not surprised that a disease which affects the skin so largely must necessarily involve the mucous membrane, hence the throat affection. The office work of the skin is an exceedingly important one, chiefly excretory. When this function is impeded the lungs and kidneys have thrown upon them extra work, and if they are unable to do it we have the chest symptoms and dropsy. To avoid these we must liberate the skin. In the normal state the skin is kept moist by what we term the insensible perspiration, and in case of unusual exertion, the sensible. But if the glands which supply this be dried up, as in this disease, disastrous results follow. When driving a horse fast his lungs are relieved by sweating. This action of the skin not only regulates the heat of the body, but it is the channel for the removal of a vast amount of effete matter, which being retained, becomes a constantly accumulating poison. The question therefore arises, are there any adjuncts that may be used topically to relieve the skin? I have often thought that we ought to find some means to aid the internal remedy. We allow water in thirst. Thirst means a dry mucous membrane. Why not apply water to a dry skin? As we have heard to-night of great changes in the treatment of this disease in the past few years, it occurs to me that there is still something to learn. I am not constituted for a pioneer, but still I have often wished for something more and better, some topical application, whether of adeps or hot water, or something to aid the internal treatment whereby the skin may be relieved and resume its normal excretory work, and thus facilitate the restoration of the patient.

Dr. WILLIAMSON said that Dr. Gause's deductions would be correct if his premises were not faulty. If these excretory channels were blocked up simply by extraneous matters, the Doctor's proposed method of relieving them would be proper, but in scarlet fever we have the influence of a morbid agency, producing a certain condition to contend

with, and we should look for the Homœopathic remedy. If it is not in the *Materia Medica* we must search for it, prove it and put it there. He had never had any of his patients greased, nor had he known it to do any real good. It was said to relieve the itching and irritation of the skin, but if it did give some relief, and relief only, without some curative effect, we might as well go back to the beggarly elements of Allopathy, and bleed in pleurisy, purge in constipation, etc., as grease our patients in scarlet fever. The same remedies are applicable to the use of warm water, which, however, is less objectionable.

In relation to the connection between scarlet fever and rheumatism, Dr. W. said that we must remember that in rheumatism the action of the kidneys holds a very important relation to the disease, no matter what theories we might have on the subject. Now, after the eruptive stage of scarlet fever is over, the cuticle is disorganized, and until desquamation is accomplished, the functions of the skin are as completely obstructed as if it was covered with a coat of varnish. Hence, on account of the close sympathy of action existing between the skin and kidneys, there is an increased responsibility or tax thrown on the kidneys. The Doctor held that what he had said of rheumatism applied equally to gout.

Dr. Frost said there are two classes of disorders which follow scarlatina. The first consisted of such as are the immediate and necessary results of the pathological action of the primary disease, the most important being the post-scarlatinal dropsy, which occurred rather after the milder than after the severer forms of the disease. The second class consists of the various forms of psoric or scrofulous diseases, which appear to be developed by the action of the scarlatina upon the constitution itself, and the proper treatment of which will greatly improve the future health and prospects of life of the patient. Now it is the intensified development of this psoric miasm, in connection with the scarlatina, which thus seems to stir it up, that renders the attacks of scarlet fever so malignant and so often fatal, sweeping away under the Allopathic treatment whole families endowed with this hereditary psoric, scrofulous constitution. He felt free to say that with the method of treatment of applying, in higher and thus more efficacious potencies, the exact Homœopathic remedy for the whole compound case of scarlet fever and constitutional psora, recommended by Dr. LIPPE, he did not doubt but that even better results would be obtained than he had reached by the help of the hot pack as an adjuvant to the lower potencies and those not antipsoric. The hot wet sheet he regarded as very useful to physicians who had an imperfect knowledge of Homœopathy, and who had only the lower preparations, but unnecessary perhaps to those who thoroughly understand the principles of the Homœopathic Therapeia, and who have at their command the most efficacious and profoundly acting preparations of the Homœopathic *Materia Medica*. All the bad cases in which Dr. Frost had applied the hot water required a long-continued after treatment with antipsoric remedies, before they were fully restored to health; the hot water only appearing to act as a truly Homœopathic palliative, or moderator of the intense violence of the fever, thus being useful in preserving life from the more immediately destructive effects of a disease which it could not by any means cure.

Dr. W. M. WILLIAMSON here asked Dr. Frost in what way the curative agency of scarlet fever was shown in other skin diseases, in children who had been affected with crusta lactea, as some of the worst cases of scarlet fever he, Dr. W., had ever witnessed, occurred in patients who had previously suffered from crusta lactea.

At this point the Society adjourned.

MATRICULANTS OF HOMŒOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA, SESSION OF 1866-7.

<i>Name.</i>	<i>Residence.</i>	<i>State.</i>	<i>Preceptor.</i>
Adams, R. A.	Marion, Wayne Co.	N. Y.	John Baker, M. D.
Allen, R. C.	Frankford	Pa.	W. F. Guernsey, M. D.
Andrews, P. M.	Camden	N. J.	H. F. Hunt, M. D.
Anderson, E. L.	Salem	N. J.	H. Carson, M. D.
Allen, C., M. D.	Paris	France	
Barrett, C. B.	Philadelphia	Pa.	J. H. P. Frost, M. D.
Baer, O. P.	Richmond	Ind.	
Breyfogle, W. L.	Columbus	Ohio	G. H. Blair, M. D.
Bradford, Martin	Aberdeen	Ohio	Drs. Granaghan & Martin.
Bollinger, W. Dee.	Timber	Ill.	J. H. P. Frost, M. D.
Betts, B. F.	Hatboro'	Pa.	E. Reading, M. D.
Bardin, D. R., M. D.	Philadelphia	Pa.	
Barden, W. Wallace	Penyan	N. Y.	Henry Bardin, M. D.
Bell, Wm. A., M. D.	London	England	
Cook, J. Elmer	Floradale	Pa.	Wm. H. Cook, M. D.
Cooper, Isaac.	Moorestown	N. J.	P. Wilson, M. D.
Cloud, Charles R.	Woodbury	N. J.	D. R. Gardiner, M. D.
Chaffee, David J., M. D.	Palermo	N. Y.	
Cooper, Clark J.	Camden	N. J.	H. F. Hunt, M. D.
Clowes, Wm.	Pittsburg	Pa.	W. R. Childs, M. D.
Castella, Raymond, M. D.	Cuba		
Dudley, Evan.	Moorestown	N. J.	P. Wilson, M. D.
Dreher, C. B.	Pottsville	Pa.	Benjamin Becker, M. D.
Eliot, Arthur W.	San Francisco	Cal.	J. H. P. Frost, M. D.
Foss, Charles M.	Winthrop	Me.	C. A. Cochran, M. D.
Farrington, Earnest A.	Philadelphia	Pa.	H. W. Farrington, M. D.
Gramm, Gustavus E.	"	Pa.	Constantine Hering, M. D.
Gordon, Peter A.	Maysville	Ky.	Drs. Granaghan & Martin.
Gerhart, Joseph M.	Moyer's Store	Pa.	David R. Posey, M. D.
Gartenbein, —	Werdenberg	Switzerl'd.	H. S. Hutchins. M. D.
Gardener, M. M., M. D.	Holland Patent	N. Y.	Carrol Dunham, M. D.
Hatch, J. M.	Camden	N. J.	C. E. Toothaker, M. D.
Haines, F. T.	Cinnaminson	N. J.	P. Wilson, M. D.
Habel, John M.	Bavaria	Germany	J. H. P. Frost, M. D.
Harpel, M. H.	Lancaster	Pa.	J. I. Baker, M. D.
Hall, J. S.	Augusta	Me.	J. B. Bell, M. D.
Hawkes, Wm. J.	Pittsburg	Pa.	J. A. Herron, M. D.
Hutchins, Harvey.	Batavia	N. Y.	H. S. Hutchins, M. D.
Hall, Wm. S., D. D.	Philadelphia	Pa.	
Hall, Wm. D.	"	Pa.	S. Brown, M. D.
James, Walter M.	"	Pa.	H. N. Guernsey, M. D.
Johnson, J. P., M. D.	Kennet Square	Pa.	J. D. Johnson, M. D.
Korndorfer, Augustus ..	Philadelphia	Pa.	D. R. Posey, M. D.
LeFavor, Milton F.	Columbus	Ohio	D. R. Kinsell, M. D.
Light, George W.	Shelby	Ohio	F. Stahl, M. D.
Lord, Marcus M.	Stowe	Vt.	Geo. E. Sparhawk, M. D.
Lee, J. K.	Etna	Pa.	J. K. Lee, M. D.

<i>Name.</i>	<i>Residence.</i>	<i>State.</i>	<i>Preceptor.</i>
Low, Elliot C	Westport	N. Y.	J. A. Pollard, M. D.
Longstreet, A. O.	Lebanon	Ohio	J. B. Owens, M. D.
Liscomb, D. P.	Pittsburg	Pa.	
Lauderback, Rev. Mr. .	Philadelphia	Pa.	
Leech, Wm. C.	Cincinnati	Ohio	
McGeorge, Wallace. . .	Philadelphia	Pa.	J. H. P. Frost, M. D.
Middleton, M. F.	Camden	N. J.	P. S. Hitchens, M. D.
McClelland, Jr., — . .	Pittsburg	Pa.	J. C. Burgher, M. D.
McClure, J. R.	Maysville	N. J.	Wm. Granaghan, M. D.
Macfarlan, Mal., M. D.	Ala.	
Newton, C.	N. J.	
Nock, Isaac.	Pittsburg	Pa.	C. M. Dake, M. D.
Nunez, Marquis De. . .	Madrid	Spain	
Pitcher, F. C.	Mt. Pleasant	Iowa	
Pitcher, A. O.	Mt. Pleasant	Iowa	F. C. Pitcher.
Phelan, Richard A. . .	St. Louis	Mo.	John T. Temple, M. D.
Pritchard, Geo. C.	Phelps	N. Y.	T. D. Pritchard, M. D.
Pennoek, T. L., M. D. .	Kennet Square	Pa.	I. D. Johnson, M. D.
Peacock, Thom. H. . .	Philadelphia	Pa.	W. C. Hamilton, M. D.
Packer, E. H.	Peacham	Vt.	David Packer, M. D.
Pierce, Wm. A. D. . .	Philadelphia	Pa.	Richard Gardiner, M. D.
Preston, Mahlon, M. D.	Norristown	Pa.	
Pahl, H. S.	Anderson	Texas	J. G. Howard, M. D.
Ridings, James H.	Philadelphia	Pa.	J. H. P. Frost, M. D.
Reinhold, H. E.	Williamsport	Pa.	Chas. J. Reinhold, M. D.
Rubini, Rocco.	Naples	Italy	
Robinson, John B. . .	Philadelphia	Pa.	H. N. Guernsey, M. D.
Reed, J. S.	Pittsburg	Pa.	
Schmits, G. A.	Crefeld on Rhine. . .	Pruss. Ger. .	C. Hering, M. D.
Slough, Wm. J.	Foglesville	Pa.	F. J. Slough, M. D.
Skinner, Scott Wm. . .	Dover	Del.	J. F. Baker, M. D.
Southwick, A. B., A. M.	Waterville	N. Y.	E. A. Munger, M. D.
Skeels, A. P.	Cairo	Ill.	A. R. Morgan, M. D.
Slodcomb, C. C.	Rutland	Mass.	J. E. Linnell, M. D.
Swann, Saml.	New York	N. Y.	E. Bayard, M. D.
Thompson, C. H.	Pittstown	N. Y.	G. W. Gwynn, M. D.
Thompson, Augustine .	Union	Maine	N. Bachelder, M. D.
Stackhouse, Asa M. . .	Moorestown	N. J.	P. Wilson, M. D.
Urie, W. T., A. M., M. D.	Baltimore	Md.	
Ure, W. S., A. B., M. D.	Alleghany	Pa.	
Underwood, F. H.	Milbury	Mass.	Wm. B. Chamberlain, M. D.
Wiltbank, Comley.	Philadelphia	Pa.	E. Rufus Ward, M. D.
Wood, H. C.	Westchester	Pa.	J. B. Wood, M. D.
Wood, Jarvis U.	Augusta	Maine	J. B. Bell, M. D.
Wright, S. B.	Wyandotte	Mich.	
Walker, Mahlon M. . .	Germantown	Pa.	John E. Voak, M. D.
Whittington, J. J. . .	Millington	Md.	Ad. Lippe, M. D.
Whitehead, Wm. M. . .	Philadelphia	Pa.	J. G. Whitehead, M. D.
Virgin, W. S.	Mt. Pleasant	Iowa	C. Pearson, M. D.
Zeitler, Augustus E. . .	Philadelphia	Pa.	T. C. Williams, M. D.

GRADUATES OF HOMŒOPATHIC MEDICAL COLLEGE OF
PENNSYLVANIA, MARCH 2, 1867.

PURNELL W. ANDREWS,	A. O. LONGSTREET,
Camden, N. J.	Lebanon, Ohio.
EDWARD L. ANDERSON,	JAMES H. McCLELLAND,
Salem, N. J.	Pittsburg, Pa.
CHARLES B. BARRETT,	JOHN R. McCLURE,
Philadelphia, Pa.	Maysville, Ky
O. P. BAER,	EDMUND H. PACKER,
Richmond, Indiana.	Peacham, Vermont.
WILLIAM DEE BOLLINGER,	T. L. PENNOCK, M.D.
Timber, Ills.	Kennet Square, Pa.
I. ELMER COOK,	R. A. PHELAN, A. B.,
Carlisle, Pa.	St. Louis, Mo.
DAVID J. CHAFFEE, M. D.,	A. O. PITCHER,
Fairport, N. Y.	Mt. Pleasant, Iowa.
CHARLES R. CLOUD,	GUSTAVUS A. SCHMITS,
Woodbury, N. J.	Crefeld on the Rhine.
CHARLES B. DREHER,	A. B. SOUTHWICK, A. M.,
Pottsville, Pa.	Waterville, N. Y.
EVAN DUDLEY,	ALFRED P. SKEELS,
Burlington, N. J.	Cairo, Illinois.
REV. GUSTAVES E. GRAMM,	C. C. SCLOCOMB,
Philadelphia, Pa.	Rutland, Mass.
JOHN M. HABEL,	AUGUSTINE THOMPSON,
Bavaria, Germany.	Union, Maine.
FRANK T. HAINES,	CHARLES H. THOMPSON,
Cinnaminson, N. J.	Pittstown, N. Y.
IRVING S. HALL,	WILLIAM T. URIE, A. B., M. D.,
Augusta, Maine.	Baltimore, Md.
WILLIAM D. HALL,	F. H. UNDERWOOD, M. D.,
Philadelphia, Pa.	Milbury, Mass.
WILLIAM J. HAWKES,	WILLIAM T. VIRGIN,
Pittsburg, Pa.	Mt. Pleasant, Iowa.
M. H. HARPEL,	MAHLON M. WALKER,
Lancaster, Pa.	Germantown, Pa.
JOSEPH P. JOHNSON, M. D.,	HENRY C. WOOD,
Lancaster, Pa.	Westchester, Pa.
WM. C. LEECH,	AUGUSTUS E. ZEITLER,
Cincinnati, Ohio.	Philadelphia, Pa.
D. P. LISCOMB,	
Pittsburg, Pa.	

HONORARY DEGREES.

ROCCO RUBINI,	MARQUIS DE NUNEZ,
Naples, Italy.	Madrid, Spain
REV. WILLIAM S. HALL, D. D., Philadelphia, P	

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VALEDICTORY ADDRESS.

Delivered at the Nineteenth Annual Commencement of the Homœopathic
Medical College of Pennsylvania, March 2, 1867;

BY JOHN C. MORGAN, M.D.,

Professor of Anatomy.

GENTLEMEN:

Our convocation to-day may well inspire the most diverse emotions. The past, the present, and the future here meet, throwing about the occasion all their solemn and interesting associations. Even the near past—how pregnant with significance is it to us all! But two short years ago our country was moved by a struggle—none the less terrible that it was between brothers—all-absorbing in its interest, and to many here present, one of personal suffering and danger.

To-day we see a clearer sky. The dark cloud has receded from our zenith, and only lowers and mutters in the distant horizon. Let the voice of that fearful monitor be heard! Hath it no lesson fitting to the present moment? Doth not its teaching bid the world take warning that the sacrifice of immortal principles is ever costly—often fatal?

The event of the present hour is of converse import. It is a demonstration of *devotion* to a principle; a law of healing—immortal, because true; its Author the same God, whose nature is the harmonious combination of all Truth.

Our national life affords, on a grand scale, striking illustrations of individual life. Just now, healing is sought for that malady, which was implanted at the nation's birth. Under the overruling hand of Divine Providence, our Executive, wittingly or unwittingly, is guiding her to a radical, and it is strictly true to say, a Homœopathic cure.

At the close of the war, there was danger that her hurt would be slightly healed by palliatives and compromises; only to again break out in more destructive form hereafter. There was danger that no conclusive appeal would be made to the moral vitality of the people; and, therefore, that the vital reaction, which is the only surety of health, would not be called forth.

But what is the history of every true cure, moral or physical? It is the development of evil in such manner; its application to the subject in such degree as, without overwhelming, may rouse the vital forces to decisive reaction. Such, it would seem, is to be our national experience. As if to render the crime of the past, with all its ramifications, tenfold more repugnant to the popular heart; as if to render its annihilation the more certain and speedy, as well as complete; it is daily, in diluted form, commended to our lips as a sweet morsel which we are required to swallow. But, concealed within it, is the potency which as constantly appeals to the resisting force of our moral vitality; as constantly stimulates the reaction of the true conservative forces; and so surely as the law—"Likes are Cured by Likes," is God's own revelation, must our national life and health be thus secured!

Released from the stern duties of that war, we assemble here to-day, formally to enlist you as skilled soldiers in the conflict between physical vitality and its enemies—between Humanity on the one hand, and, on the other, Death. The *relief* of Humanity is your future high vocation. Right well have you performed your training—right valiantly go forth to the field! All that is GOOD on earth is your ally

—EVIL your only adversary! Nay, more; the evil, as we have just seen, must itself be servant to the good.

We, your late teachers, greet you to-day as our colleagues and fellow-laborers. As such, we pledge to you both heart and hand, bidding you God-speed! In doing so, many important topics, germane to the occasion, challenge our regard, and demand expression. The selection of your future location; your probable trials, encouragements and successes, and other subjects equally important and interesting, might well occupy a share of attention on a farewell occasion. But time presses; and of all the questions which naturally suggest themselves, we must select such as may be of the greatest and most universal importance.

None of these, perhaps, is just now more interesting than that which relates to the *future* of our school of practice. I therefore ask you to follow me in the attempt to trace that future, in a few only of its aspects. And if, in the course of my remarks, it shall become necessary to draw comparisons between ourselves and others, I trust that I shall be acquitted of all seeming harshness, which is not intended; and that the invidiousness of comparisons, in themselves, be alone charged with it.

To such a discussion there exists a defensive, and also an aggressive side. The former involves the refutation of the assertion so frequently heard, that "Homœopathy is dying out." The latter examines the position of the adversary, points out its weakness, numbers his deserters, estimates his endurance, and calculates the date of his exhaustion.

First, then, is there any evidence in support of the assertion that Homœopathy is suffering decay? What reply have we from Europe?

In Leipsic, where Homœopathy first earned a place on the Roll of Honor, by the endurance of persecution in return for benefits conferred; whence Hahnemann himself, after the payment of fine upon fine, and in danger of even imprisonment, was driven forth, an exile; a statue in bronze has been erected to his honor, in the midst of citizens since

become proud to own him. In Vienna, where, prior to the cholera epidemic of 1832, the practice of Homœopathy was forbidden, as throughout the realm, by Imperial decree—there are now, under the supervision and protection of the government, three hospital establishments. In several European universities, honored professors are well-known as Homœopaths; and in that of Munich, Dr. Joseph Buchner is the regularly appointed Professor of Homœopathy in the Faculty of Medicine.

Upwards of thirty of our school have been distinguished by their respective sovereigns, and of these at least ten have been decorated and advanced to rank as nobles, military directors or councillors of State. Stapf, de Nunez, Hisern, Marenzeller, Juvenel, Schering, Boeck, Bœnninghausen and others illustrate this fact. In Italy, Homœopathic physicians occupy a flattering position, with the countenance of both king and pope; and during the past year have signalized their practice by almost uniform success in the treatment of cholera; thus securing anew the confidence of all classes. Others, of Bavaria, Holland and elsewhere, have challenged the wonder, as well as respect of all men, by their remarkable success in the treatment of the cattle-plague during its recent prevalence. In England, a powerful organization represents the system, and in London an extensive hospital is maintained; whilst in Madrid, Homœopathy is the fashion at court.

These are facts which I presume will not be denied. But the conflict through which our own beloved land has but just so triumphantly passed, has done much to direct our view, less to the examples of the old world—more to the developments and experience of the new. We turn with pleasure to these. The progress of our system in this country, where every idea is left free to work its way among the people, there to find its own level, high or low, by the sheer force of its merits, has no parallel, we may safely aver, in the history of Medicine.

In the year 1825, Dr. H. B. Gram, by birth an American,

but of Danish family, and engaged in brilliant practice in Copenhagen, having become a disciple of Hahnemann, removed to the city of New York. The advance from this beginning was, for the whole United States, as follows: in 1828, there were two Homœopaths; in 1829, four; in 1830, six; in 1831, eight; in 1832, eleven; in 1833, twenty-one; in 1834, thirty-three, and in 1835, fifty-seven. In 1866, Dr. Hall's directory gives the names of three thousand three hundred and fifty in the United States and Canada, showing an increase, in thirty-one years, of over five thousand per cent.

Interesting statistics of all the principal cities might be here given; but we must abridge, and it is best to consider only one or two.

The number of Homœopathic physicians in New York city in 1840 was twenty; in 1866, one hundred and fifty; so that in twenty-six years, the increase amounts to over six hundred per cent.

In Philadelphia, the first physician claiming to be a Homœopath was Dr. John Ihm, who came from New York in 1829. In 1830, Dr. William Wesselhoest practised in North Pennsylvania. In 1831, however, Homœopathy was first vigorously represented here, by Dr. G. M. Bute. In 1833, Dr. C. Hering, relinquishing the pursuit of Zoology, which he had long cultivated in South America under the auspices of the king of Saxony, and where Dr. Bute had been his patient as well as his pupil, re-enforced the latter, by devoting himself to practice in this city.

Two years later, he and others established the old Academy at Allentown, Pa., whence emanated the major works of Hahnemann, besides many valuable original provings of drugs; and in which were educated not a few of the earlier Homœopathic physicians.

A complete college organization at length became necessary, in consequence of the growing bitterness of the faculties of the Allœopathic schools. In 1848, the Homœopathic Medical College of Pennsylvania went into operation with

a class of fifteen matriculants. During the succeeding nineteen years, this college has been called to compete with four or five others, in New York and the West, and even Canada; though the latter is yet in embryo. Nevertheless, and while the other schools are now enjoying greater prosperity than ever before, your Alma Mater seems just now to be entering upon her best days; the aggregate attendance in all the Homœopathic colleges during the past session exceeding four hundred; an increase from the aggregate of 1848-49 of over two thousand five hundred per cent. If these years afford any augury of the future, it is evident that a triumphant career awaits the cause of Homœopathic education.

During the same period the population of the United States has very greatly increased; but the number of Allœopathic colleges has hardly kept pace with it. The competition against the older ones cannot be considered to have increased. On the contrary, those in distant States have rather served as feeders to them, and have always been so regarded; many of their first-course students electing to complete their studies and graduate in Philadelphia or New York.

The total result, so far as this city is concerned, is that within this space of time, two of the four old-school colleges existing when this was founded, although including some of the best teaching talent in the country, have been absorbed by more progressive bodies; or to speak more correctly, gone utterly out of existence.

It is customary to attribute this to the war. But there is abundant evidence that before the war, the vast expense of clinics, furnished with medicines, nurses, etc., at usual Allœopathic rates, alone made them unremunerative. And as poverty is traditionally adverse to affection, faculty-quarrels finally disgusted those who attempted to maintain them. But what of the others? In the Dental Colleges, I learn that this year there are more Southern students than for any previous session; so that in this direction, we ought

not to expect essential reduction of classes in the remaining two Allœopathic colleges; yet the whole number of matriculants this winter falls very far short of former times—notwithstanding the great array of talent and facilities which they present. The late increase of their fees has not, I am credibly informed, materially reduced the *bona fide* attendance.

But what are the figures by which these remarks are justified?

The number of pupils in the four colleges for the session of 1848-49, amounted to twelve hundred; of which one thousand attended the two now existing. These have, for the session just closed, a total of eight hundred and thirty. If we allow seventy more, deterred by increase of fees, etc., the classes would reach nine hundred under the old rates.

Thus, while in nineteen years the class of this institution has, in the face of all obstacles, multiplied *six-fold*—that is, from fifteen in 1848, to ninety-five in 1866—beside the improved status of our competitors; the Allœopathic schools present the remarkable and significant conclusion that the two have receded in numbers during the same time, ten per cent.—and that in the aggregate, the *decay* of the Allœopathic schools amounts to twenty-five per cent.

I do not, of course, claim the whole difference for Homœopathy; Eclecticism realizes also a considerable share; but that is none the better for the “old line.” Nor will the diversion of young men to other pursuits suffice as a rebuttal, since that, like the war, must be equally potent against us.

The relative prosperity of our colleges is, however, no adequate criterion of our growth. Many—indeed the mass of Homœopathic physicians—are graduates of these and other Allœopathic colleges; bearing the testimony of their teachers that they are fully instructed, and competent to practise and teach the medical art; so that Allœopathic catalogues are equally no criterion of Allœopathic prosperity.

The number of Homœopathic physicians in this city in

1866, reached a total of one hundred and sixteen; in 1830, there was but one; in 1840, fifteen; in 1850, thirty-five; in 1860, seventy-eight; showing an advance, for each decade, of more than one hundred per cent. on its predecessor, or over seven-fold in the past twenty-six years; the population having, in the same time, increased from two hundred and twenty-five thousand to about seven hundred and thirty-seven thousand; or somewhat more than trebled. Consequently, *we multiply twice as fast as the population!*

Have our opponents excelled us? Have they *equalled* us in the rate of increase? I have figures, not theories, to adduce. These conclusively prove that for every name added to our list, Allœopathy loses one from her due proportion to the population.

Estimating this, for 1830, by published documents, it was, including the suburbs, about one hundred and sixty-eight thousand. The directory for the same year names two hundred and seventy-three physicians. In the country districts, now included in the city, I estimate ten per cent. additional—total, three hundred practitioners, or one for every five hundred and sixty persons. The number officially registered for 1866, is one thousand three hundred and sixteen, or one physician for every five hundred and sixty persons, as in 1830. Of these, as before stated, one hundred and sixteen are Homœopaths. Now, supposing the twelve hundred non-Homœopaths to be all Allœopaths, (an estimate far too liberal,) they are deficient of their due proportion one hundred and sixteen; exactly our own number—proving the assertion just made, that every addition to our ranks is a subtraction from our opponents—giving them the benefit of all non-Homœopaths! Instead of one to five hundred and sixty persons, they now have one to about six hundred and fourteen; consequently, Allœopathy has in that respect *decayed*, since 1830, nearly ten per cent.

Considering this fact, with the other, equally demonstrated, that our ratio of increase is more than one hundred

per cent. in every ten years; and finally, that we increase seven-fold while the population is multiplying only a little more than three-fold, and what is the result? The irresistible conclusion, the mathematical result is, that in fifty-five years, at the farthest, with a future progress like that of the past, Homœopathy will number a majority of all the physicians of this city—with a preponderance of influence, social and political. This is upon the supposition that our individual influence is to be rated the same as for our opponents.

But it is well known that we represent a much greater proportional influence. This is evidenced by the fact that it requires, on the average, not more than two years for one of our school to obtain a living practice, against four or five years among the old school,—so that we must have a double proportion of lay adherents. Among these, also, are a disproportionate number of the tax-paying population, of the educated, and the refined.

It is hence reasonable to predict that in not more than thirty-five years, the Homœopathic system will be the dominant one in this city; and we may fairly assume that, in other parts of our country, the same result cannot be long delayed. This will be not only “the applause of the multitude at the sides of the course, but the approval of the judges at the end,” also.

The proof may be easily calculated; each for himself may examine it. I will not weary you by enlarging upon it here.

Thus, before the next century shall have become a child, will the *power* of the medical profession pass wholly to the side of Homœopathy—and with it, all public institutions, save only those controlled by the remnant of old-fogyism.

And not only so, but that progress, we believe, must continue, by the innate force of Truth, until opposition itself shall die. Not many of us or our elder opponents can expect to witness the result of the race; but you, gentlemen, may realize it.

Then shall the genius of American liberty, messenger of God, casting down the idols of the Past,—proclaiming another emancipation of mankind from tyranny and caste,—add yet another trophy, another laurel to her crown of victory!

It is to be expected that our opponents will be unable to perceive the inevitable result. But rest assured there is greater chance of its being precipitated sooner even than we predict, than that it can fail of accomplishment. What though they even pronounce it “ridiculous,” or, “a good joke?” Be it so; what will they do with the figures?

I ask all who have followed the argument, to decide, now; where are the signs of decay? Is Homœopathy or Allœopathy the waning power? You have ere this answered my query to your own minds, probably without dissent.

In view of the future, what is the duty of our school? It is this: first, to see to it that the rising generation of Homœopathic physicians be fully prepared for the discharge of the responsibilities to be devolved upon them; and secondly, to stand shoulder to shoulder, with unbroken front, against our common adversary.

Let our warfare—for since Man is Man, this cannot be escaped—be unanimous, as to ourselves—chivalric and honorable, as to our opponents. Let science always find a hearty welcome in our ranks—let not the example of the Fathers be forgotten!

You, gentlemen, just taking your places in the line of battle, will, I feel assured, “quit yourselves like men.”

We have, as concisely as may be, considered the merely numerical evidence of the vitality and progress of Homœopathy, and deduced the result. But there remains another and different series of facts bearing on the same point, to which I will allude in brief.

Within a few years, the *money-market*,—that most sensitive indicator,—has been moved in favor of Homœopathy. First, the London Provident Life Assurance Company, tak-

ing as a basis of calculation the official reports to Parliament on sanitary and mortuary statistics, (at first, indeed, garbled, and partially suppressed by the Medical Council,) perceived a means of at once increasing their business and augmenting their dividends, in insuring the lives of persons using exclusively Homœopathic treatment when sick, at a discount of ten per cent. from current rates; which plan they accordingly adopted.

Soon after this action became known in America, the attention of capitalists here was directed to the statistics furnished by experience on this side of the water; and the result is seen in the formation of the Hahnemann Life Insurance Company, of Ohio, and the Atlantic, of New York,—companies based, *ab initio*, upon the same idea.

Now, what are the facts, as developed in this country, upon which their business is based? They are so numerous, that only a few extracts can here be given.

To begin with Philadelphia, the Northern Home for Friendless Children, under Allœopathic treatment, for four-and-a-half years, suffered a mortality of two per cent. of all the cases treated. Under Homœopathic treatment, for seven years and a half, the deaths amounted to but one per cent. of the number treated,—a saving of five out of every ten otherwise devoted to an early grave.

In 1865, the Soldiers' Rest Hospital at Syracuse, N. Y., reports a mortality, under Allœopathic treatment, of seven-and-a-half per cent. of the number treated, against two-and-a-half per cent. under Homœopathy,—a saving of six lives out of seven.

Four asylums in New York City, from 1842 to 1854, lost upwards of two per cent. of those treated (by Allœopathy,) while two others, (under Homœopathy,) lost but eight-tenths of one per cent.

Two others, under like circumstances, viz., Randall's Island Nursery (Allœopathic) and the Home for the Friendless (Homœopathic) lost, respectively, the former over five-and-a-half per cent., the latter two-and-a-half.

Dr. Paddock, (Allœopathic,) physician in charge of the City Hospital of St. Louis, Missouri, reports, for six months, ending September 30th, 1864, the aggregate number of cases of dysentery, diarrhœa, typhoid fever, and pneumonia at one hundred and sixty-nine, with a mortality exceeding fifty-two per cent. In the Cavalry Depot Hospital of the same city, during the year ending March 31st, 1865, Dr. Franklin reports the deaths, from the same diseases, under Homœopathy, at less than one and one-third per cent.; the number of cases being one hundred and seventy-seven,—a saving of fifty lives out of fifty-two.

Again, the average *duration* of acute diseases in hospitals under Homœopathic treatment is less than two-thirds of the time observed under Allœopathic auspices.

Great epidemics have *always* been signalized by a saving of human life under the doctrine of Hahnemann. Dr. Carroll Dunham reports the mortality of cholera in New York at about fifty per cent. for the Old School; seventeen per cent. for the New,—nearly three to one.

During the prevalence of yellow fever in this city, in 1853, the mortality, as reported by Dr. Jewell, was over seventy-seven per cent. In Natchez and New Orleans, from 1853 to 1855, Drs. Holcombe and Davis report a mortality of about five-and-a-half per cent. under Homœopathy. Dr. La Roche's treatise states the *average* of deaths at twenty-eight-and-a-half per cent.; showing a saving of twenty-three lives out of a little more than twenty-eight ordinarily lost.

In short, the mortality of diseases in general is less than one-half, under Homœopathy, of that under the Old School; while the average length of sickness is only as two to three, or even less than that.

Here is an array of facts which defy refutation, and which no amount of vehemence can obliterate or weaken. Nor can the favorite plea of *nihilism* be here entertained, since, under the most favorable circumstances, the doing nothing, or "expectant" system has ever failed to equal

the statistics of Homœopathy. Adopted as a *dernier resort* by physicians of unquestioned eminence, in our recent epidemic of scarlet fever, its utter failure is an admitted fact; whereas, nearly every case submitted to pure Homœopathic treatment, lives to attest its efficacy.

And *this* is the system of practice which is uniformly denied admission to the public service and to the great hospitals of this metropolis and elsewhere! By what infatuation is it, that Capital has been permitted to point the way in which the sentiment of Humanity ought long ago to have led? In the name of that Humanity, yet with all respect, we demand of our legislators their serious attention and practical action in the premises; promising besides, a heavy annual saving in medicines, nurses, and other expensive items.

You, gentlemen, are this day endowed, by authority of the great State of Pennsylvania, with *all* the rights, powers, and privileges pertaining to the degree of Doctor of Medicine; and, in addition, by virtue of a special power vested in your Alma Mater, the degree of Doctor of *Homœopathic* Medicine. You go forth into the world, therefore, not as suppliants before a superior caste—not as inferiors seeking *tolerance*; but, after due education, and by unexcelled authority, you go forth the missionaries of the true healing art. Solemn, as well as honorable, is the trust this day confided to you. Let your standard of duty conform to the solemnity and honor of your vocation!

Should opposition assail, and seek to crush you, your first care should be, not to compromise with your convictions, on the one hand, nor lose your equanimity on the other. "Keep your Heart" and "Resist the Devil" are two maxims from the Book of Books, which are good in every point of view. Should men of science antagonize you, be prepared to demonstrate your scientific position. If fools prate against you, "answer them according to their folly."

These be the days of conflict. To you comes the respon-

sibility of the soldier. Not a few of you, under the banner of your country, have dared the cannon's mouth, the deadly breach. Be equally valiant under the flag which you shall henceforth defend. Opportunities will not long be wanting.

But, in the midst of your devotion to pure Homœopathy, you can well afford to be optimists. The rock must first bear the lichen, the moss, and the fern; then, upon their débris may grow the sturdy oak, the lofty pine, or the fragrant rose. In like manner, society, with its hardened prejudices, first demands Allœopathy. The way prepared, Eclecticism follows; then, crude Homœopathy takes root; and, finally, upon the remains of all, pure Homœopathy finds a congenial soil. Thus shall the name of HAHNEMANN become at length a household word, over the breadth of Christendom!

One moment we may give to his revilers, by quoting the words of a distinguished savan: "Let men beware when God lets loose A THINKER upon the earth!" Never, since science had a being, has any truth more marvelously progressed than that contained in his grand dictum, "*Similia Similibus Curantur*;" and the time is at hand when the world, which ever resists Truth until she conquers, will say, "We always knew it."

In your intercourse with society, you will find many diverse doctrines of life controlling the individual men composing it. For the proper weighing of all these, you must know that there is but one perfect standard, to wit, the teachings of "Him who spake as *never* man spake." You will find codes of ethics, imposed upon medical men by august assemblies; but, however respectable their source, if you find, on examining them, that they do not square with the "Golden Rule," conclude that at best they are waste of paper. If composed of matter carefully adapted to retain power in the hands of an exclusive medical caste, set them down as oligarchical—therefore unchristian, and therefore wrong. If, furthermore, they forbid inquiry into

other medical doctrines, binding the hands, bandaging the eyes, and shackling the feet, as well as scaring the soul of him who hungers for knowledge of the truth—if they assume to dictate a Shibboleth to the medical fraternity—if they presume to go behind the law of the land, to nullify it as by higher law—if they, in defiance to State charters, spurn your diplomas as passports to the consecrated places of “the profession”—if, as in Saint Louis and Chicago, they authorize college faculties to swear men by all they hold sacred, that they will never give heed to such knowledge of the law of healing as you may impart—if, as in Michigan, a law passed twelve years ago, requiring the appointment of at least one Professor of Homœopathy in the Faculty of Medicine, to this very day remains a dead-letter, because, forsooth, the regents fear the resignation of the faculty more than they do the crime of perjury, and because the faculty fear the code more than they do subornation of perjury—let all such codes be consigned to merited contempt and execration! They are of ignoble origin, relics of other ages and other countries, having little in common with the America of 1867, much less with that perfect code which has been recommended to you.

If, then, you meet some well-meaning man who is thus in bonds, pity him. Endeavor to secure for him, manumission. But should any perversely glory in them, endeavoring to injure and annoy you under the charter of a wicked code, remember that it is not in the power of one man to degrade another—since degradation is the fate, not of the object, but of the perpetrator of evil. At the same time, it is your duty to employ all means which Christian men and good citizens, champions of Truth, may lawfully adopt, in self-defence or in self-assertion.

As you recognize the Golden Rule in your professional intercourse, so will you be required to do in society at large. In no case can this lead you into error. So, let it be graven upon your minds, never to be effaced—“Render

to others whatsoever you would ask of them, in just regard for the welfare of society."

This, then, is your Code of Ethics! But who is equal to its utmost demands? In this, as in all else, self-help secures Divine help—and with this, there can be no failure.

One special obligation devolves upon you, in common with all classes of physicians, viz.: the cultivation of those sciences and arts which are collateral to Medicine. These, when developed, have always proved beneficial to mankind—whilst, of course, they lie nearest the pathway of the physician. Let not a thirst for lucre, or even the enthusiasm of practical success, which awaits every good Homœopathic physician, prevent at least your hearty sympathy with those whose high function is the interpretation of the mysteries of Nature.

Some such I know, who, identified with our opponents, yet spurning the bonds of guild or craft, stand on the broad field of Nature's platform, and there find common ground on which to greet all who, like them, love to converse with and learn from her.

Such, gentlemen, is the tone of true science. Never dogmatic are they—ever attentive to the voice of their teacher; which is the reason why they know so much more than other men.

Homœopathy has nothing to fear from such contact. The mission of such affiliates with hers; though the slander be still repeated, that "Homœopaths are not identified with any of the cognate sciences;" akin to that other slander, that "Homœopaths are not surgeons." To you, refutation would be superfluous; whilst the scientific circles of our city are well aware that a valuable zoological collection in the Academy of Natural Sciences was contributed by one of our colleagues. I need only suggest to you the example.

Once more—it is your duty, as Homœopaths, to earnestly cultivate all branches of our one healing art. Surgery, aside from its merely mechanical department, has no future save in Homœopathy. For Physiology and Pathology,

also, I hazard nothing in saying, there exists no truly philosophical future, but in the channels to which Homœopathy invites, and points the way. This is susceptible of proof, but the occasion forbids.

As to the other practical branch, it is unnecessary that I should tell you of its present state of perfection. You are already familiar with it.

By such devotion to the whole work of your profession, coupled with fidelity in all other ways beside, you will honor and strengthen the cause you have espoused. In short, aim at nothing less than PERFECTION. Should you never reach the goal, die at least with your eyes fixed upon it, and you shall not have lived in vain!

Each of us has a work to do—an edifice of character, as well as fortune, to erect. Let every part be carefully wrought, even to the smallest, and fitted for its place in the perfected structure. Thus to live, and thus to perform, demands daily and unceasing endeavor—as Longfellow has written:

“For the structure that we raise,
Time is with materials filled;
Our to-days and yesterdays
Are the blocks with which we build.
* * * * *

“In the elder days of art,
Builders wrought, with greatest care,
Each minute and hidden part—
For the Gods see everywhere!

“Let us do our work as well—
Both the unseen and the seen—
Make the house where Gods may dwell,
Beautiful, entire, and clean.”

Live, not alone for self, but for God and Humanity; and be assured, God and Humanity shall care for you and yours!

Have an exalted faith in your calling. Even bad causes have been ennobled by devotion. How much more such a one as ours! And let that faith appear in your deeds.

The moment of parting comes apace. In all human probability, we to-day look upon some of your faces for the last time in this life. But you will not therefore be forgotten by us; nor, we will hope, shall we be forgotten by you. We, on the one hand, will watch and wait for your success; rejoicing to recount it to each other—feeling that, conjointly with your home preceptors, it is even ourselves who succeed, multiplying our influence through you. You, on the other hand, will doubtless watch with pride the progress of your Alma Mater; and ere long, your own private pupils will be here to represent you in the seats just vacated by you.

Then, as you are about to pass from our presence to other fields of toil, we say to you, Go forth, with the high hopes and higher purposes which befit your manhood; heal the sick; do good; seek to be perfect in all you do, and God speed you!

And should we never more greet you on earth, be it our happiness to meet in that land, where none shall say, "I am sick;" where physician and patient, pupil and preceptor, shall no more be; but all shall alike eat of that Tree of Life, and drink of the crystal stream of Immortality; where obscurity in science shall give place to perfect knowledge, and from whence none shall any more go out forever.

FAREWELL!

HOMŒOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA.

Three names were unfortunately omitted in our published list of graduates at the commencement of this College, March 2, viz.: C. NEWTON, Sharpstown, N. J.; SAMUEL SWANN, New York; S. B. WRIGHT, Wyandotté, Michigan. The whole number of graduates was forty-two.

IS IT HOMŒOPATHIC TO ALTERNATE
REMEDIES?

BY BUSHROD W. JAMES, M. D.

Read before the Philadelphia Homœopathic Medical Society,
February 21, 1867.

The following paper is submitted merely to elicit discussion upon the subject of alternation, and not for criticism, as it does not contemplate a full and thorough investigation of the whole subject.

If the question of the size of the dose is still an open one, the subject of alternating Homœopathic remedies is none the less so, especially with regard to the extent to which it may be carried. That not more than two or at the very farthest three remedies may be alternated will, I think, be acceded to by all; but that the alternation of two at suitable intervals may not be used with advantage in some cases, will, I think, be denied but by few. This conclusion I draw from the fact that Hahnemann himself was in the habit of alternating his remedies, while most of our prominent popular authors recommend in their works the alternate use of various drugs. To illustrate that alternation is recognized by them, I will quote from some of their works.

"Hahnemann's Lesser Writings," (translated by R. E. Dudgeon, M. D., reprint by Wm. Radde, N. Y., 1852.) On page 755, under Asiatic Cholera, Hahnemann says: "Sometimes, when aid is delayed many hours, or other and improper remedies have been administered, the patient falls into a sort of typhoid state, with delirium. In this case, *Bryonia* 30th, *alternately* with *Rhus tox.* 30th, proves of eminent service." (Dated Coethen, September 10, 1831.)

In a case from his practice, he further says, (page 770 of his Lesser Writings,) "The negative symptom I met with here, answers especially to *Bryonia* (558?); few medicines (with the exception, perhaps, of *Nux vomica* and *Rhus*

toxicodendron in their *alternating* action, neither of which, however, are suitable for the other symptoms) show a complete relief to pains during rest and when lying," &c. Here is an evidence that he had some experience also in the alternation of *Nux vom.* and *Rhus tox.*, or how would he have known of their *alternating action*?

Hahnemann unquestionably was in the habit of alternating some of his remedies, or how would he have otherwise known in 1817 of the alternating action of *Nux vomica* and *Rhus toxicodendron*, or in 1831, of the eminent service that would result from the alternation of *Bryonia* and *Rhus toxicodendron*?

Rücket's Therapeutics, page 105, gives a cure of one case of goitre by *Staphysagria* in *alternation* with *Lycopodium*, and frequently mentions *inter-current* remedies, or in other words alternated remedies.

Small's Practice, page 572, says, for Strangulated Hernia, "*Aconite* and *Nux vom.* may be used alternately," &c. Page 598, Lacerated Wounds: "*Chamomilla*, followed by *Hepar sulph.*, should be administered for the purpose of producing a healing action; should these fail, *Silicea* and *Sulphur*, used in *alternation*, may produce the desired result."

Ulcers, page 365: "*Sepia* and *Nit. ac.*; one or both of these remedies may sometimes be indicated in *alternation* with *Silicea* in very intractable cases."

Marcy and Hunt, Theory and Practice, vol. 1, page 124, Chronic Hydrocephalus: *Aconite* and *Bell.* are recommended either singly or in *alternation*. In the same volume, page 893, Acute Peritonitis, "*Rhus* and *Ars.* in *alternation*." Next page: "*Opium* or *Bell.* may be required in *alternation* with *Rhus* or *Ars.*"

Hering's Domestic Physician, 1864. In the preface he says: "A popular work has to accommodate itself to the position of the people, but ought never to submit to popular prejudices or popular errors, and, if a medical work, it should

not become an advice how to bungle, and at least not sanction such continual blunders."

On the first page of the introduction the author states: "As this work is intended for the great mass of the community, and to make the *Homœopathic doctrines intelligible* and useful to all, the author has tried to express himself with distinctness and simplicity, in order to be generally comprehended." We will turn to page 304 of the same work, under "Milk-crust," where we find these words: "*Sulph.* will be beneficial after *Rhus*, when the latter fails to produce a favorable change, or when the improvement progresses but slowly. These two remedies may be administered *alternately in many cases* with great advantage." Page 276 of the same work, "Varicose Veins:" "*Arnica*, given alternately with *Puls.*, is very efficacious in some cases." Page 291, "Suppressed secretion of milk:" "*Aconitum* and *Coffea* in alternation."

Page 293, "Gathered Breasts:" "*Belladonna* after, or in alternation with *Bryonia*." On same page: "*Phos.* when there is profuse discharge of matter after, or in *alternation* with *Hepar*."

Page 331, "Scabies:" "If the pustules are large and fat, *Mercurius*, then *Sulphur*, and afterwards *Causticum*, night and morning, in water."

Mercurius and *Sulphur* are recommended alternately on the same page, and so scores of such illustrations can be found in this work, all tending to show and make clear and intelligible the Homœopathic doctrine of alternation.

The same author, in the introduction to Gross' Comparative Materia Medica, published in 1867, in an appended note, recognizes alternation, and states, "*Belladonna* and *Rhus* have been really indicated in scarlet fever, and have been given one after the other, and in many cases with benefit, alternately." He then gives his opinion, expressing what he understands by alternation, and what he thinks Hahnemann understood by it.

Bönninghausen alternated three remedies in croup. *Hart-*

Hahnemann's Acute and Chronic Diseases, page 25, volume 2, under secondary diseases following Scarlatina: "Hepar is frequently the most suitable remedy either alone or in alternation with Spongia or Jodium."

Hartmann, vol. 3, page 153, "Hemorrhages from the Gums," says: "I have frequently removed the whole difficulty by the alternate use of Phos. and Carbo veg."

Hempel and Beakley's Manual of Homœopathic Theory and Practice, page 546, under Deafness: Pulsatilla and Aconite in alternation, are recommended; also, Sulphur and Calcaria for the same trouble, when it can be traced to a retrocession of an eruption.

Page 492, under Chronic Rheumatism, Colchicum and Aconite are recommended in alternation; and for Arthritic Rheumatism, Iodine and Aconite are suggested, to be exhibited in alternate doses every hour; the Iodine being particularly adapted to the scrofulous and tubercular diathesis.

Page 991: For Tetanic Spasms, "Aconite and Nux vom. should be given in alternation every half hour until favorable impressions have been produced."

Very nearly every Homœopathic author on the practice of medicine recommends Acon. and Spongia for croup, and oftentimes Acon., Hepar s., and Spongia are recommended to be used in alternation for this disease.

Quotations from many other Homœopathic authors might be added to these hasty selections made at random from works just at hand in my office library, to prove that the alternation of remedies is recognized as being truly Homœopathic treatment when occasion calls for its use. To set up an exclusive dogma, leaving out alternation, and denominating those physicians who alternate remedies as non-homœopathic, is a supererogation of power which does not belong to any one who claims to be Hahnemannian in his views. Many eminent Homœopathic practitioners now engaged in active practice, and who have been for many years engaged in it, can testify to the great value of the alternate use of remedies. Opinion and theory cannot withstand the

proof of stern and unerring facts drawn from practical experience in this matter.

Patients apply to the physician for the purpose of obtaining prompt and efficient relief, and not for the purpose of being experimented upon by the advocates of any special theory; and no reasonable physician will continue in a case of violent acute disease to use one single separate remedy for it, when it is known by clinical experience that the alternate use of another remedy will procure speedy relief for the case. I do not advocate the general alternation of remedies as a rule, or to be at all times and in all cases adopted. But that it is recognized by many eminent Homœopathic physicians and authors, and that it is good Hahnemannian treatment to alternate in some instances, cannot be well denied. *Theoretically* it may do to assert that Homœopathic physicians must never give but a single remedy in a case of disease, but *practically* it is quite a different matter.

Cases are very numerous where a peculiar diathesis exists in an individual, or where a chronic disease is present. Acute diseases set in and the patient will not recover until not only a remedy suitable for the totality of the symptoms of the acute disease present in the case is given, but also one suitable to meet the chronic one, or the latent dyscrasia which has been aroused into activity by the acute malady; for, in many instances, the remedies adapted to the acute symptoms will not meet this constitutional peculiarity.

Are not the most firm advocates of the single remedy unwittingly violating the very rule that they attempt to lay down, when, from the necessities of the case, they have to throw in an occasional dose of the proper antipsoric, anti-syphilitic or anti-scorbutic remedy? If not, what then is meant by the single remedy, and what is alternation? Most assuredly the throwing in of an inter-current remedy is the alternating of that remedy with either the dose of the one that precedes or the one that succeeds it. The single remedy view, if carried out thoroughly, should be able to conquer all the symptoms of any given case by the use of

one remedy only, that remedy being selected to cover the whole of the symptoms, or the great majority of them. We all know that cases cured in this way are the exception, rather than the rule. How rarely is it that a train of symptoms is entirely removed by one single remedy. From the mingling of different diseases and the further complicity of idiosyncrasy, one is used for a time that conquers a portion of the symptoms, then another remedy is selected, then another, and so on until oftentimes a dozen different remedies have been applied before the case is altogether relieved. Now the same necessity that exists for this change of remedies, also exists for the alternation of remedies, in order that the patient may obtain relief and have the disease that is afflicting him cured as speedily as possible.

HOMŒOPATHY IN THE BAHAMAS.

BY J. W. MITCHELL, M. D.

Having visited the Bahamas five years since, and while there suffered with yellow fever, I learned the great want of Homœopathic treatment there, and have naturally taken much interest in its establishment at Nassau. Dr. W. R. Armbrister, a native of the West Indies, and a graduate of our New York Homœopathic College, went there to do the arduous and difficult work of a pioneer.

He has met with powerful opposition, there being several physicians of the old school, one of whom is a member of their parliament.

Dr. Armbrister spent some time at the "Out Islands," gaining valuable experience in the diseases of the climate. A little more than a year since, he returned to Nassau, fortunate in having the support of the newly appointed governor, his excellency, Rawson W. Rawson, and his estimable lady, who are devoted to the new method of cure, and determined to sustain it and its champion there. His work has increased to such an extent that he has a number of the first families among his patients, and writes me that he now requires an assistant.

I trust that the friends of our noble cause will remember this worthy pioneer.

Having known Dr. Armbrister for several years, I am free to say that invalids in his hands will be well cared for.

CUBEBS IN CROUP.

Vol. II., No. 8, of the Hahnemannian Monthly contains an article on "Cubebs in Croup."

The Hahnemannian Monthly, true to the principles on which it was established, being neither a sectarian* nor a partisan journal, will admit any well-written article; but the admission and publication of an article cannot be supposed to be equivalent to an indorsement of the same by the Journal or the College which it represents. And articles like the above are as instructive in their way as others which may correspond with the Homœopathic principles and practice, as taught by Hahnemann and the College; and this article may be a warning to those who cannot always see the guiding light of the simile, and who are tempted to grossly violate the famous three principles: the article will further be a warning to those who set aside logic and consistency, and who advocate principles adverse to those taught by Hahnemann, and who only call themselves Homœopaths, but neither believe nor practice Homœopathy.

The article in question is intended to show—

1. That Cubebs cured a case of croup.
2. That the similar symptoms indicated Cubebs.
3. That this specific remedy must be given in large doses.

If these three points had been established by a clear and comprehensible relation, all would have been right, but the author of the article makes more points and contradicts himself, while he loses sight of the famous three principles. He quotes from Baehr, who now-a-days is much admired by those who never followed Hahnemann. He gives a quotation from his *Therapeia*, vol. ii., page 132, and says that Baehr there and then throws out a very practical hint, as regards the treatment of croup, in the following remarks:

* Vide *American Review*, Vol. ii., p. 466.

"Taking every thing in consideration, we must confess, that a treatment of croup, based solely on (subjective) symptoms, is not practicable, and that a frequent change of remedies, considered necessary in view of the change of symptoms, cannot have but fatal consequences. We know the effects of drugs to be applied, yet, which be the best, we best infer from practical experiments."

The author of the article seems to draw the inference from Baehr's "very practical hint" that the subjective symptoms cannot and must not guide us in the treatment of croup. What other but the subjective symptoms guided the doctor in administering Cubebs for the case related? He says: "*Under the circumstances, we will not be censured for not having again examined the oral cavity, &c., as we were fully convinced, from the nature and severity of the symptoms, that membranous exudates had formed*"—or, in plainer words, the subjective symptoms convinced the doctor that he had before him a case of croup! And he found this condition after he had given the father of the patient a powder of Kali bichrom. 2 dec., in place of the Jodium solution, "*if there should be any unfavorable change.*" The guiding light of the simile could certainly not have been shed on the doctor's small box of Homœopathic medicines, when he sent the father home with a remedy for "an unfavorable change," (would it not be well for the admirers of Hempel and his complete Repertory, if there are any, save Pope, if they see these lines, to open that opus and insert under croup, "unfavorable change," *Kali bichrom.*?) and this addition would be well applicable, as an unfavorable change did take place *after* this remedy was administered, and so unfavorable indeed that now the nature and severity of the symptoms (Baehr declines to recognize symptoms) caused the doctor to change his base, and give Cubebs; and he enumerates even the symptoms, and says his strongest pillar is S. 124, "FALSE MEMBRANES, thick and dark, principally in the larynx;" but he confesses not to have examined the throat, much less the larynx, at all,

and while his sagacity made him discover, from the nature and severity of the symptoms, the existence of a membranous exudate, how did he know its conditions, "*thick and dark*," or that it was in the larynx, or did his later examination in the morning show his sagacious guessing to be correct? Grayish-white is dark, is it? And what of the other symptoms 115, 118, 126, 128, 129, 130, 152, 153?

115. Inflammation and swelling of the tonsils, with shooting, burning, pulsating pains radiating to every part of the neck. Neither the objective first part nor the subjective latter part of the symptoms are necessarily present, and are only very exceptional symptoms of croup.

118. Deglutition difficult and very painful, water and food often passing through the nose and into the larynx, causing cough with blood. The light of the similars does not shine on that symptom and the patient and croup.

124. Abundant flow of mucus from the bronchia, which accumulates in the throat and causes suffocation. Who would not be convinced, by the nature and severity of this symptom, that membranous exudations had formed and croup had to be "peppered?" Logic!

126. Respiration noisy and panting. The light of the similars was shining in the main hall, and the dreadful, ominous sawing of the little heaving breast, which loudly and imploringly called for help, (suffering from Kali bichr.) The heaving breast was sawing! Sawing is a noise, and noisy may be sawing: ergo, similar!

128. Sensation as if the throat were full and choked up, with heaviness of the head and danger of suffocation. The light of the similar only shines on the last word, "*suffocation*," therefore "false membranes," "croup," its similar at 11 P. M., Kali bichrom.; a little later, Cubebs; consistency and logic are nowhere!

129. Cough with coryza and hoarseness. The light of the similars shines brilliantly on this symptom. Cough with coryza are always a fully convincing evidence, and the nature and severity (especially that of the coryza) show

that membranous exudation has formed. A new light on the old Pathology! a shining light in the darkness of the physiological school, and a light by which logic and consistency see similars and Cubebs.

130. Harsh cough, which seems to tear and rupture the bronchia.

152. During and after the cough cold sweat upon the breast and back; burning in the abdomen; respiration impeded, difficult, with crepitant râle.

153. Great fulness of the chest, principally on the right side.

All and every one of these symptoms must show (according to the author of the article) that membranous exudation has formed, that croup is on hand, and that either Jod., or Kali bichrom., or Cubebs, or something else, may or may not cure the patient. What will be the light to guide the doctor during the trying hours in which are heard the dreadful, ominous sawing of the little heaving breast which loudly and imploringly calls—not for more Kali bichromatum, which had been considered “*the specific*” against an unfavorable change, but to be “*let alone.*”

That light is found in Hahnemann’s writings; and after all Baehr is squinting at it, but can never see it in its right way—may be we can help him along and show him where his “*logic*” is wrong. His sentence should be reversed; the last part should be taken up first and read thus: “A frequent change of remedies, considered necessary in view of the change of symptoms, cannot have but fatal consequences.” We agree with Baehr in this proposition fully; but our conclusions are widely different from those drawn by him. If the truly Homœopathic remedy is chosen in the beginning of the disease, if guided by the law of the similars (not by pathological notions or false guesswork) and the single remedy, nay, the single minimum dose has been administered, if the physician prescribed truly Homœopathically, the change of symptoms can only be for the better; there will be no other change of symptoms, no

change of remedies, and above all, there will be no fatal consequences. The very fact that the symptoms have frequently changed, and the remedies have been changed, is full evidence of a poor treatment, of a deviation from the fundamental principles, (three if that is accepted,) and an evidence that Hahnemann's light did not enlighten the prescriber; that he groped in darkness, and seemingly declines to seek for light in the right direction—he prefers to espouse materialism, “*and goes it blind.*” And the practical experiment to which Baehr appeals has shown this proposition to be true forever. A single dose of the single remedy, well chosen, as Hahnemann directs us to do, will in almost all cases of croup be sufficient to cure the patient; and it matters not how small the dose may be, it will be all-sufficient if it is the “*similar.*”

But the author's confession on page 368, under 2, “*Cubeb, like Balsam copaiva, having in a diluted form in our hands never shown any prompt action upon the mucous membrane of other organs, etc.,*” shows his position.

Balsam copaiva has time and again cured such patients as suffered from similar symptoms, and one dose of the 200th potency was then all-sufficient. If the author cannot obtain similar results it cannot be charged to Homœopathy; but it may be charged to the famous three principles, to the non-application of them, or to a want of comprehension of Homœopathy as it came to us from its Founder, or to something else!

We now go back to the points which the article in question was intended to show, and state in conclusion:

1. It is questionable whether it was a case of croup, and whether Cubeb or Kali bichrom. cured the patient, or whether the patient remained “*well.*”

2. The similar symptoms were not shown to be present.

3. That we have no specific remedies for specific diseases, so Jod. could not be specific in the evening, or Kali bichrom. at 11 P. M. and Cubeb after midnight, for “croup” supposed but not shown to exist.

And the final lesson this pretended, accidental cure teaches us is this: that we may reach better results and find a safer guide and a guiding light if we follow Hahnemann's teachings.

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HOMŒOPATHIC PRINCIPLES.

BY J. H. P. FROST, M. D.

High art alone proves always an insufficient foundation for any system,—whether of politics or of political economy, of æsthetics or of medicine. There must also be some substantial principles, fundamental principles, which,—whether originally arrived at *à priori* or *à posteriori*,—shall commend themselves in all respects to the highest judgment; be sustained by the broadest induction of facts and phenomena; and be finally confirmed and established by their own successful application in practice.

Such principles we find everywhere expressed or implied in the writings of Hahnemann; principles which give to the system founded by him, a basis truly scientific; since while at the very first approving themselves to the better judgment of mankind, they have been abundantly confirmed by all subsequent observation and experience, and have still further established and fortified themselves by their own practical success. And herein especially and in a still more remarkable manner, are they seen to commend themselves to the highest wisdom, by thus proving their own essential harmony with the greatest principle and law of all, with that one which underlies and pervades all nature, which forms the true spiritual body or bond of connection between the creative Soul of the universe and the universe itself—the law of use, the principle of doing good!

Names are of small importance; provided they serve their ultimate end of bringing before the mind's eye the ideas, the pictured images of what they represent, we stop not to inquire whether they act by suggesting, or by summoning such spirits from the soul's vasty deep. Thus it makes little difference whether the essential ideas of Homœopathy are termed axioms, principles, laws, or rules; or

whether in fact they have ever been distinctly and formally proclaimed in the recognized writings of the great founder of Homœopathy. For our purpose it is sufficient, and more than sufficient, that such fundamental principles should there exist, and, in their three-fold combination, constitute the very soul of the system embodied in those voluminous works, inspiring them with a perennial vitality which, as applied by their true disciples, is still potent to heal the sick, and almost to raise the dead!

The *corresponding similar*, the *single remedy*, and the *minimum dose*! Upon this golden mean, this inseparable trine, hang all the law and the prophets of Homœopathy. What though many of the earnest, sincere and laborious followers of the system fail as yet to see the entirety, the absolute comprehensiveness and the essential and all-sufficient unity of this radical formula? The monumental foundation of the temple of Homœopathy is indeed a substantial unit,—but it is also *three-sided*; and so vast are these sides, and so profound and in such various language are the truths in which nature has written upon them her image and superscription, that we wonder not that some linger long and even spend a lifetime in the study of one of these to the neglect of the others. But art is long: and even as the temple itself still grows year by year; so men's minds become more and more familiar with its all-comprehending oneness, simplicity and majesty.

The circle of the sciences may and indeed does constantly widen; but it is like an exclusive Club into which no inharmonious member can be admitted,—a single black ball excludes. Whatever new form of scientific development claims admission into this great brotherhood, must make good that claim by showing its own congruity with the other members, and especially with those which would become its nearest relatives.

Thus Homœopathy, the new science of healing the sick, —claiming to be the only true therapeutical science—knocking at the gate of the temple, is repulsed with stern

rebuke for its boldness and assurance; for such is the interpretation which these *Cerberi* of the portals put upon the majesty of self-conscious truth! Directed to go and reconcile herself with Chemistry and Pathology and Physiology and with Therapeutics,—Heaven save the mark,—Homœopathy retires exceedingly sorrowful, for she has great possessions in the truth, and cannot sacrifice them to these poor heritages of error!

Broader and deeper than ever before, is she now compelled to dig in the foundations of the natural sciences,—not alone to show her own truthfulness in the most convincing manner; but to prove also that where these other so-called sciences differ from her, they are wrong. Thus again the *corresponding similar* is shown to be in perfectly harmonious *rapproch* with the entire scale of the physiological life of man, from the lowest inorganic elements revealed in the living body by organic and physiological chemistry, up to the dizzy heights of physiological psychology, where the mind is lost in contemplating the reciprocal influence of mind upon matter and of matter upon mind and spirit.

Thus too the law of the similars is not only shown to be an essential element in the constitution of man in all his relations to the past and to the future of his own race; but it is also shown to be no less truly a fundamental element in all the relations of the individual and of the race of man to the world in which he is placed. The law of the similars being but a limited statement in terms, of the great principle of correspondence of man to the world, of the world to man, and of both, constituting the universe, to that universe's Creator. With its foundation thus established in the very constitution of man and of nature, the *law of the similars* must be in perfect harmony with all true physiological science; and if it appear in any respects at variance with the dogmas of antecedent pathology and therapeutics,—so much the worse for them!

No less clearly will the *single remedy* be seen to be in

exact and necessary harmony with the simplicity of the gospel of nature.

While the *minimum dose* is in like manner shown to be inseparably connected with that divine economy of nature, which invariably accomplishes the necessary effect with the least possible expenditure of dynamic cause. And Homœopathy now waits only for concord among her numerous disciples in regard to these fundamental and inseparable principles; and when once this is assured, she will not only make good her passage through the outer gates, but enter within the veil, possess herself of the holy of holies and establish her own household gods within the very *penetralia* of the temple of science.

In the mean time she is not idle, but like the wonderful soul of old John Brown, still goes marching on! For the fundamental principles which are the essential and approved characteristics of Homœopathy considered both as a science and as an art, do not alone confirm their own eternal verity by showing themselves in *rapport* with the great ruling law of use; not alone do they exhibit their truthfulness by establishing their own necessary harmony with the real truths of science as existent at their first appearing; not alone do they still further confirm themselves by keeping pace with all the subsequent advance in kindred sciences; and not only do they give still stronger assurance of their inherent vitality by showing themselves capable of a constantly progressive development; but finally, and more than all the rest, these principles demonstrate the living truth of the system which they compose, by showing that this progressive development is on a line in harmony with all the ever advancing movement in human science and human thought of the present age. Not only is Homœopathy itself progressive on its own line; but that line also is in exact harmony with the line of progress of all the kindred sciences, and with all the accompanying humanitarian and benevolent development.

To this onward and inevitable progress of Homœopathy

its true friends, its false friends, and its *unfriends*, must voluntarily or involuntarily contribute; each in his own way. Some, so constituted by nature, dwell in the higher walks of reason and of almost intuitive perception, and thus lead this grand march of mind in the excelsior development of fundamental principles. Others beautifully illustrate the living truth of these principles in their very highest form of development, by their daily and consistent application in extensive and successful practice. Others, "men of giant bone and bold emprise," take their places in the arena, and in brave defence of the principles of whose truth they are so profoundly convinced, bid defiance to all comers, and give and receive the heaviest blows—brave men who oppose themselves to the bitterest assaults,—not always escaping unscathed,—they fight the good fight; and if sometimes cast down, yet are they never destroyed, for even in their worst encounters do they still find themselves sustained by an unfaltering trust in the majesty and final victory of truth.

Others again, are occupied in attempting to magnify themselves far above the stage on which they play their parts; and finding themselves otherwise incapable of attracting attention sufficiently gratifying to their inordinate self-conceit, endeavor to bring forward some innovations and side issues, and with plausible theories of periodicity or other delusive phantoms of pretended science, and much subtilty of speech, would fain entice the young, the inexperienced and the unwary into their private by-paths. And when remonstrated with, such persons have still the impudence to deny that the rush-light of their *ignis fatuus* differs in the least from the clear beams of the guiding star they were attempting to intercept; and even to assert, when driven to the wall, that their much vaunted by-path deviates not a hair's breadth from the broad highway. Verily they have their reward! But while vastly more troublesome than open and avowed enemies, they still cannot in the end but become, however unwillingly, promoters of the

very system they so insidiously seek to undermine. Like rotten places in the ice, and like quagmires on the land, they are marked *dangerous*, and so serve for a warning.

The motto, principles not men, may be as appropriate in medicine as in politics; but in practice it is as difficult to separate the one from the other, in the former case as in the latter. To see the whole truth, or to see the truth unmixed with error; is given to few indeed; and from the great influence which leading minds must ever exert upon the masses, it cannot but be expected that the latter class should almost always fail to discriminate between the truth and the error, should accept the one with the other. And from this point of view, therefore, it becomes an interesting question whether such and such eminent men are on the right side. And in cases of apparent doubt, each party would claim such persons in their own support, with greater or less show of reason. If any who command respect for high scientific acquirements should be proved to entertain views at variance with sound Homœopathic principles, this would indeed be a subject for regret; but not for despair. For, strange as it may seem, the opposition of such persons will in no degree retard the progress of truth. By different persons in different or in the same countries, the same or very similar discoveries and inventions have been simultaneously presented to the public. And this has occurred too frequently to be regarded simply as a coincidence. Such facts can only be accounted for by attributing them to the influence of some general law. They prove the existence of a general state of preparation for such discoveries in different nations. Not otherwise is it with regard to the development of truths. These advance to popular reception, just as fast as the public mind can be prepared for them; and this preparation, if not actually hastened, will in no degree be hindered by such full and free discussion of great principles as can only arise in consequence of powerful opposition to them.

A recent English author,* in company with Mill, and Sir William Hamilton, and Carlyle, complains of the decline in the study of philosophy in Great Britain,—in that physical or material science usurps the place of the metaphysical,—and the same is no less true in this country. In their eager making haste to get rich, men have neglected the higher aims of social culture, regarding wealth as the all-

* Masson, *Recent British Philosophy*, London, 1865.

sufficient end. And a similar spirit has pervaded the Homœopathic medical profession. Its members have most imperiously demanded immediate success, although that success,—obtained at the price of the sacrifice of principles,—may be evanescent and delusive.

Manifestly this thing has been overdone. And many Homœopaths have at last awakened to a realizing sense of the fact that in attaining success by such *methods of expediency* as they have claimed the right to adopt, they have actually been killing the bird that laid the golden egg! And when they set themselves down seriously to reflect, and to compare the present modicum of success in practice, obtained under the loose, eclectic-mongrel-allopathic-expediency system so much in vogue,—with that formerly secured and even now still obtained by strict adherence to Homœopathic principles; and when in addition to all this they also mark the still increasing downward tendency in much of the so-called Homœopathic practice, and observe the almost total extinction of a genuine *esprit du corps* on the part of many physicians,—professedly Homœopathic, but still eager to be recognized by the Allopaths,—then they begin to experience a deep concern. They see that principles have been sacrificed to secure success; but as for the success which should compensate for such sacrifices, “they don’t see it!” The deariness of the play of Hamlet with the ghost left out, would seem to them but a faint illustration of the vastation and utter desolation of a system which has thus at once betrayed its principles and ruined its practice! The present lamentable condition of the Homœopathic practice in the German States, and the results of the application of such practice in the treatment of Cholera in this country last season, cannot but remind them that ere long, if not already, they may look for the handwriting on the wall!

But fortunately, numerous far-seeing friends of Homœopathy throughout the country, have already discerned the before-coming shadows of these things; and have applied themselves with all their might to arrest the mischief. The reaction has already set in; and day by day we see in our colleges, in our periodicals, and in the out-spoken new determinations of many physicians, the accumulated evidences of a vast and much-needed reform in Homœopathy. God speed the glorious work.

A PATHOGENETIC AND CLINICAL CONTRIBUTION TO THE HISTORY OF CUBEBS.

BY E. M. HALE, M. D.

When the pathogenesis of this medicine appeared in the *Hahnemannian Monthly*, I was much interested and gratified; but my gratification was mixed with regret that the original provings were not published also. To my mind the pathogenesis of a medicine should not be published unless it is prefaced by the daily records of the provers. When we arrange the symptoms obtained by each prover, after the arbitrary method we have adopted, we lose sight of the sequential order in which those symptoms appear; their connection one with the other is broken up, and we miss the natural history of the effects of the drug.

If we were to adopt this same arbitrary method, in the study of disease, and arrange the symptoms of such a malady as scarlatina after this plan, we should be utterly unable to give the student any idea of the etiology of scarlet fever, or of any disease whatever. The natural order in which the symptoms appear would be broken up, and the last symptoms mingled in confusion with the first. Medicines when proved upon the healthy organism tend to develop a series of symptoms which resemble the series of symptoms which occur in natural diseases. It is this resemblance of drug effects to disease, not only in symptoms, but in the order in which such symptoms appear, that makes a medicine Homœopathic to natural maladies.

There are many things concerning the action of Cubebs that we would like to know, but which we cannot learn from the *resume* of its symptoms.

We would like to know, for instance, at what period during a proving the mental symptoms of "shamelessness and wantonness" appeared, and with what other symptoms they were connected. It is highly probable that such

symptoms were coincident with the irritation of the genital organs, which appears so prominently as an effect of the drug; but there is nothing in the *resume* which would teach the student this connection.

We would like to know, also, whether the *urinary* symptoms of the medicine appeared before, during, or after the appearance of the symptoms relating to the sexual organs.

Did constipation occur *before* the diarrhœa or dysentery, or after the occurrence of those conditions?

All these important questions, more important to the Homœopathician than to the adherent of any other school, will only be solved when we have the original proving before us.

It should be deeply and forever regretted by our school that the pathogeneses which Hahnemann gave us, and which we all admit are a most priceless legacy, are not attended by the original records of the provers who conducted their experiments under the direction of his master mind.

Were I not well acquainted with the general sphere of action of Cubebs, and the natural history of its effects in large doses, as illustrated by the many cases which have come under my observation, of maltreatment with that drug in Allopathic hands, I should be at a loss where and when to prescribe it. As it is, I have prescribed Cubebs with excellent curative results, for many years, and solely upon indications based upon the symptoms I have observed in cases of over-dosing, the result of Allopathic medication.

I have cured with Cubebs many cases of leucorrhœa; irritation of the uterus and ovaries; catarrh of the bladder, dysuria, and renal disorder; and am gratified to find that the symptoms in the pathogenesis are very similar, often identical, with those which occurred in the cases I have cured.

I think I can add to the pathogenetic and clinical history of the medicine, by the narration of its use in a certain case, and the reason which led me to prescribe it.

Nearly two years ago, while reading Beck's *Materia Medica*, in his mention of Cubebs he stated that he had observed in many instances, where the medicine had been continued for a considerable time in large doses, that it *caused symptoms similar to those occurring in femoral hernia*. He does not say that it actually causes the descent of the intestine through the *femoral ring*, but he evidently meant

to imply that the medicine caused symptoms similar to those which *precede* the occurrence of that accident. These symptoms may be described as sensations of *weight*, *pressure*, and *pain*, in the region of the femoral ring, through which the femoral vessels pass on their way out of the abdomen to the extremity. The anatomy of this region is familiar to every physician, and need not be further mentioned.

Some time after my notice of this pathogenetic effect of Cubebs, I had under treatment a lady who complained chiefly of the symptoms above mentioned, to such an extent that I feared the actual occurrence sooner or later of a descent of the intestine. The downward pressure, pain and weight occurred principally after walking, riding, lifting, and especially before and during the menstrual period. There were no other symptoms about the case worthy of mention, as the patient was quite healthy in other respects.

After patiently searching the *Materia Medica*, I failed to find the symptoms of any drug corresponding with those of my patient. I tried *Nux vomica*, *Lycopodium*, *Sulphuric acid*, and *Belladonna*, because they had proved useful in cases of inguinal hernia, but they failed to produce any amendment.

At this juncture the Cubebs occurred to me, as a possibly useful remedy for the annoying symptoms. I accordingly prepared the second centesimal trituration, from such of the crude drug as I was able to procure, and gave the patient a grain three times a day, beginning a week or so before the menstrual period, at which time she usually suffered most. The menses appeared *one day before the time*, (probably a pathogenetic effect,) and attended by but little of the pressure in the femoral region. The medicine was prescribed but once a day during the next month, during which time the symptoms did not return, nor did they occur at the next menstrual period. Nearly ten years have now elapsed, and upon inquiry I am informed that no recurrence of those peculiar symptoms has been noticed. I think the symptoms above mentioned can be safely added to the pathogenesis of cubebs, not only to the abdominal or intestinal symptoms, but to those which are concomitants of the menses. The appearance of the menses "one day too soon" may also be added. I will add, in conclusion, that I cannot find in the published pathogenesis any symptoms which can be referred to the femoral region.

PHILADELPHIA HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY

ROBERT J. MCCLATCHEY, M. D., SECRETARY.

THE regular monthly meeting of this Society was held on Thursday evening, February 21st, at the Homœopathic Medical College, and notwithstanding the inclemency of the weather a large number of the members were present.

An interesting report was received from the Committee on Hospital, appointed at a previous meeting, providing a plan for securing and endowing a large general Homœopathic Hospital in Philadelphia.

Dr. H. N. MARTIN was unanimously elected a member of the Society.

Dr. JACOB JEANES read a communication he had received from Dr. GEORGE H. BUTE, of Nazareth, Pennsylvania, being a partial proving of *Sarracenia purpurea*, and some observations on the use of *Sanguinaria Canadensis*, as follows :

SARRACENIA PURPUREA.

1. Dull pain in the head as if benumbed.
2. Pain extending from the left shoulder downward to the lower ribs.
3. Bruise-like pain of the muscles and bones of the chest.
4. In the whole body feeling of being unwell, which causes restlessness.
5. A numbness of feeling in the muscles of the arms and hands.
6. Gnawing pains in the bones of the arms and hands.
7. Dull feeling in the head as if stunned or stupefied.
8. Want of memory.
9. Soon after taking, (the medicine,) headache and want of recollection, with numbness of the arms and weakness of the lower limbs on going up stairs; then,
10. A sudden shock through the head like an electric stroke, after which the senses feel as if paralyzed.
11. Pain in the umbilical region.
12. Twelve hours after taking, (the medicine,) a sudden stroke (paralysis) from the right side of the head downwards to the right shoulder, and subsequent feeling of crawling, paralysis and numbness in the shoulder and arm.
13. By drawing the lower jaw towards the left side, a feeling arises as if the air streamed into the right ear, with whistling therein.
14. Itching stitches on the right shin-bone.
15. Dull pain in the back of the head, in the evening in bed.
16. In his sleep he dreams that he hears music, and thereupon awakens, and still thinks that he hears it.
17. Just after taking, (the medicine,) a cramp-like pressure about the lower part of the œsophagus, as if the medicine remained sticking there.
18. The menses came at once, out of the proper time; too early.
19. A feeling of pressing inward at the pit of the throat, accompanied by headache.
20. Pain in the forehead, with stitches above the eyes.

SANGUINARIA CANADENSIS.

Dr. BUTE furnished a large part of the materials for the article on Sanguinaria, which was published in the *Transactions of the American Institute of Homœopathy*. He thinks that the seeds of this plant are worthy of a trial, and states that the Sanguinaria is a very valuable remedy in those ulcerations about the finger nails, which are popularly termed *Run arounds*.

On motion, the thanks of the Society were extended to Dr. BUTE for his valued communication, with instructions that it be published in the *Hahnemannian Monthly*.

Dr. BUSHROD W. JAMES then read an interesting paper on the *alternating* of remedies, (the paper of Dr. James appears in another part of the present number of this Journal;) and a spirited discussion then ensued on the subject of alternation.

Dr. JEANES did not limit himself in the alternation of remedies. It is necessary to give medicines one after another, in order to remove the ever varying chain of symptoms that manifest themselves in disease. There may be, and doubtless there are in our profession, some men who, by close application and by their peculiar adaptability to the practice of Homœopathy, are able to individualize so completely as to be able to cure with a single remedy, but there are not many such. Out of all the gifts provided by God, in nature, we have some three or four hundred remedies, with the symptoms peculiar to each. Are we sure that we will be able to meet each case out of our *Materia Medica*, imperfect as it is and must necessarily be? We are not sure that the symptoms recorded are all correct. False symptoms have undoubtedly crept in. The Doctor was not willing to concede that even the Hahnemannian provings were entirely correct. They are better indicated and more free from errors than others, but certainly not entirely correct. He did not wish to prejudice the minds of young practitioners against the *Materia Medica*. Far from it! He wished them to be most careful of it, but he was sure that they would find themselves sometimes obliged to alternate. He had had a patient suffering a whole day from irritable bladder because he persisted in using *Sarsaparilla* alone, and his patient was not relieved until he alternated another remedy with the *Sarsap*. We may try to settle this question logically, and it may thus appear that one remedy will cure, but logic will often lead us astray, as it does in the idea promulgated that diminution of quantity produces corresponding diminution of effect, or that there is a point where diminution leaves no power to produce effect.

Why may not the effect of one remedy Homœopathic to a disease be hastened by the action of another remedy. We should not attempt to give utterance to dogmas, but in all things seek to find the truth. We should be careful how we place too much weight on our observations of laws or the action of remedial agents. We may at one time believe to be truth what at another we would discard as error.

Dr. Jeanes instanced the case of a Homœopathic physician, a man of great abilities and the translator of a number of our most valuable works; a man who had done as much, perhaps, to advance Homœopathy in America as any other, and who was at one time what might be called a most enthusiastic Hahnemannian. He had finally brought up in the use of the largest doses, what might fairly be termed allopathic doses of medicines. He, Dr. Jeanes, thought this question, like many others, should be left to the judgment and conscience of each physician.

Dr. LIPPE said that, in the paper of Dr. JAMES, Hahnemann had

been quoted, but incorrectly. While Hahnemann did alternate, he did not alternate Rhus and Bryonia in typhus. He did say, however, that in a certain epidemic of typhus he gave Rhus or Bryonia where the symptoms indicated them, that is to say, following one remedy by the other as the symptoms change, thus alternating not *a priori*, but *a posteriori*.

Again, Hahnemann speaks of what he terms a frightful disease arising from a combination of *psora* and *syphilis*, and in which, because of our insufficient knowledge of remedies, we are to give the best antipsoric and the best anti-syphilitic we know of, viz., *Sulphur* and *Mercurius*. In his fifth edition he left this out. He does not say we are to alternate in acute diseases.

In the preface to the *Materia Medica*, *psora* and chronic diseases, he invariably says, and insists upon it, that we must give this or that remedy solitary and alone, and allow each dose to exhaust its action. "One dose of the decillionth will be sufficient to cure cases where *Aconite* is indicated,—will be sufficient to cure without further repetition."

With regard to Dr. HERING recommending alternation in his work on domestic practice, he would say that the book was not written for physicians, but for the people, and the people not being able to select a single remedy judiciously and Homœopathically in all cases, alternations had been recommended, not because they were approved of, but because, in this case, they were expedient. In his own practice, Dr. Hering does not alternate. Bœnninghausen does not alternate, although he has been charged with so doing. In croup he gives *Aconite*, *Hepar*, *Spongia*, one after the other, but there is no repetition of the dose. Changing the remedy is not alternating. Succession is necessary because symptoms will change. Who is so wise as to know what symptoms will arise on the third, fourth, or fifth day? In some diseases the symptoms change very rapidly, as in renal colic, where it is sometimes necessary to change the remedy in five minutes. Give the remedy which is Homœopathic to the case. If the symptoms change, another will be Homœopathic, and then give that; *but do not alternate*. Are we to be guided by principles or expediency? It is said that cures are made with alternate remedies, and it is doubtless true. Certificates of cure from the use of quack nostrums are published in the papers also, and they are doubtless true. They must produce some cures and alternates must produce some.

We must appeal finally to experience. Those who alternate never give a rule when and how to do it. They say it is better to alternate, but give no reason why. Had we the symptoms of medicines proved in alternation, we might then alternate scientifically. Until this is done, it is a mere expediency. We must first find out how drugs act on the human organism in alternation before we have a right to use them in that way. Let us discard, as a matter of principle, all alternation, and try to find in every case the true Homœopathic remedy. We will thus gradually arrive at such a degree of proficiency as to be able to select the remedy on sight. If we may select one remedy for a certain set of symptoms and another for another set, we might have a separate remedy for each symptom or for each part of the body, and a dozen tumblers on the patient's bureau at the same time. If a physician must alternate as a matter of expediency, let him not lay it down as a principle.

Dr. C. A. LEECH said the subject was more interesting to his mind from its bearings upon other points than from its intrinsic value. He had discovered that we are all Hahnemannians; that we all believe

in the same thing, though regarding it differently. The fact is, we look upon different aspects of the same thing. Did Hahnemann alternate or did he not? It matters not! The test of experience is better than any theoretical teaching. If Hahnemann did, it is no reason why we should, and *vice versa*. We see in every event of life the evil fruits of blindly following leaders. He had seen alternated remedies do positive good. He had in some cases tried in vain to cure with a well-selected single remedy. He had attributed his failures to his own inability to correctly apply the law of cure, and to no other reason, and this must be the experience of all physicians. We are not sufficiently conversant with our remedies to be able to select at all times the true curative agent. Our *Materia Medica* is very imperfect. It is founded in truth and its basis is correct, but the detail of its symptoms, made by unskilful persons, must be very imperfect and incorrect. This is one chief reason why we are often unable to select the right remedy, and a strong reason why we should alternate.

It is said that Hahnemann used *Rhus* and *Bryonia* in a certain typhus fever, but it is claimed that he did not alternate. Dr. LEECH contended that he did, because he gave them in the same disease. If disease be a unity, modified by surrounding circumstances, why should not a single remedy suffice? How impossible is it to select a remedy that will cure certain chronic diseases, as rachitis, hip-disease, &c. We must select remedies that will meet the symptoms. In following out a beaten track, especially in the practice of medicine, we may be led into error. He thought there was truth in every error, and if we neglect that point of truth, or if we choose to believe that what has stood for thousands of years is altogether wrong, we are in danger of committing a grave error. Truth lies in a medium. It is most correct and most scientific to use the single remedy, but wrong to dogmatically insist upon it in every case. If there be no rule for alternating, there is certainly none for the dose. All other questions than *similia* should be regarded as outside issues.

Dr. FROST said: There are in the Homœopathic ranks two classes—both successful compared with the Allopathic practice; one uses low preparations and alternates; the other uses the 30th and higher potencies and does not alternate. For such a general and wide division in both these respects, there must be some common and radical reason. And this common reason will be found to be connected with the observance or disregard of the primary rules for the practice of Homœopathy. The first rule is to give a single dose of the similar remedy, and to wait the expiration of its action before repeating the remedy or prescribing another; this precludes alternation, but does not preclude succession of remedies. Not to speak of the repudiation of the 30th potency, especially and finally recommended by Hahnemann,—those who give the low preparations *administer them in repeated doses*, without waiting for the expiration of the action of the first. That is to say, they prescribe repeated doses *a priori* and by rote. This violation of the first rule and principle of prescribing leads to another. The doses of these low preparations are repeated to such an extent as to compel the exhibition of intercurrent, alternate remedies, in order to antidote the bad effects of such repetition.

This necessity for antidoting the effects of the too frequent routine administration and repetition of drugs, is the real secret of alternation. The first deviation is thus seen to lead to, and in fact, necessitate the next in the downward course, which may thus be easily traced, step by step. First, the longer-acting, more profoundly-penetrating, potentized remedy,—such as is the 30th, for instance,—is rejected in favor

of the material doses of the more briefly acting, low preparations, mother tinctures, or actual drugs. Then the dose has to be repeated, *coup sur coup*; then these grosser substances, before even it is possible for them to penetrate into the more interior recesses of the system, and there quietly remedy the disorder in the very fountain from which it springs, stir up in the exterior organization aggravations more or less severe,—aggravations, finally, which must be allayed by other remedies, acting as antidotes, and, in like manner, often repeated, but in alternation with the former. The aggravations which thus arise are true drug-provings, and no opportunity is given for nature to react against them, and, if possible, make them useful in antidoting the original disease; since the doses from which they spring are so often repeated that the aggravations,—in danger of becoming *accumulative* rather than curative,—themselves require to be antidoted. The aggravation, sometimes very severe, which follows the exhibition of the 30th, or still higher potency,—not being antidoted by any alternate or intercurrent remedy,—and not being intensified and rendered cumulative by repeated doses of the same remedy,—is allowed to expend its entire force upon the original disorder to which it is Homœopathic, of which it thus becomes rapidly and radically curative. Thus, finally, alternation, or the violation of the law of the single remedy, is shown to be a necessity for those who begin by using the low preparations in repeated doses.

Dr. LEECH asked: If, as you contend, the high potencies are more powerful than the low, why do you allow the low to be alternated and not the high?

Dr. FROST replied: Those who use high potencies do not wish to alternate; they have no need; they select their remedies carefully, and follow the true Homœopathic rule by allowing the first dose of the similar remedy to exhaust its action. Then they make a new prescription,—which may consist in the repetition of the remedy first chosen, or in the exhibition of another, more exactly Homœopathic to the then existing condition of the patient.

Dr. LEECH, still inquiring: Why those who use high potencies do not alternate?

Dr. FROST replied: If you must have it, those who know enough about Homœopathy to use high potencies, know enough not to alternate; they are above it, for reasons already expressed or implied in my previous remarks.

Dr. JOHN K. LEE said that in his opinion Dr. LIPPE's defence of Bœnninghausen was rather lame. The use of Aconite, Hepar and Spongia in Croup amounted to alternation. Aconite is given, and without awaiting its action, Hepar, followed again by Spongia. He thought Dr. FROST took the true ground. We should allow each dose to exhaust its action, and this shuts out alternation completely.

Dr. LIPPE said in explanation,—Bœnninghausen gave these directions, not to physicians, but to the people who applied to him by thousands for a cure for croup. His directions were to give a dose of Aconite and after waiting a certain length of time, the patient being no better, Hepar was to be given, followed, after another interval, by Spongia. It was as good a Homœopathic prescription as could be given to a non-medical public.

Dr. LEE expressed himself as better satisfied with the explanation. He thought there was but little difference of opinion in regard to this matter of alternation. Upon truly scientific grounds it is not right to alternate, but it is often a matter of expediency, or, as some might hold, necessity. If we are able to select the truly Homœopathic

remedy, we have no need to alternate, and it is only through our imperfect knowledge of the *Materia Medica* that we are obliged to do so. He did not like to hear our *Materia Medica* decried: it is the pride and glory of our School; a monument of the indefatigable energy and benevolence of its authors. It is reared upon a solid and immutable basis. It is not perfect, nor can it be expected that it should be so; but it is our duty to add to and endeavor to bring it as near perfection as possible. Let no one assail the work already done, but let each of us endeavor to add to and complete the noble superstructure.

Dr. LEECH wished to be understood that he did not assail the *Materia Medica* of Hahnemann. He distinctly said its basis is perfect; the superstructure alone imperfect. He did not wish to imbue the minds of young physicians with doubts as to the *Materia Medica*, but it is a fact that it is imperfect. The symptoms, particularly of modern provers, are very imperfect.

Dr. LEECH thought the present race of Homœopathic physicians was not equal to that just dying out, and that this is owing to the modern method of proving remedies. A remedy is given to a class of students to be proved. Have they the proper amount of scientific knowledge necessary for such a work? Are they not likely to record more symptoms than arise, or to give symptoms that should not be attributed to the medicine? He regarded this as eminently wrong. The so-called objective symptoms are too much neglected, and the subjective too much regarded. Instead of saying, a "feeling of soreness on swallowing," simply, the throat should be carefully examined and a correct detail of its appearance and condition given.

Dr. WILLIAMSON said that nothing could be further from his mind than to make a parade of his experience, but in regard to the matter of proving drugs, he had not been idle. He considered that which entitles our *Materia Medica* to the largest share of our respect is the great variety of its symptoms, and their distribution over so large a field that we may find there just what we want. If none but physicians became sick, he would approve of having no provings but those of physicians; but men, women and children are our patients, and if they prove drugs they give us the symptoms just as they occur, and just as they give us the symptoms of their ailments. It is charged that drug symptoms are mixed up with those of idiosyncrasies and dyscrasias. This may be true, but how often do we find a patient free from these,—a pure patient. We find diseases modified by the idiosyncrasies and dyscrasias, and we want a *similimum* for the whole condition of the patient.

There is a great difference between repetition, alternation and giving remedies in succession. It does not matter whether the symptoms of to-day are those produced by the medicine given yesterday in combination with those of the disease or not. If the patient needs further medication, we are required to find a remedy that corresponds with the symptoms of to-day. The best antidotes to potentized remedies are those that are most similar in their symptomatology. If we select a remedy nearest in accord with the existing symptoms, it will be the antidote to the one causing the aggravation.

The provings in our *Materia Medica* have been obtained from every age, sex, impressibility, temperament, etc. And hence the great variety of its symptoms. The best qualification for a prover is *a love of truth*, and not scientific attainments. There is no question but that those who alternate use low potencies. If those who use high alternate they will blunder. It is well known that those who use low potencies place most reliance on the tangible or objective symptoms, while those who use the high, have a due regard to the

subjective, as the mental and moral symptoms. Some physicians never look at these, and of such it may be said,—there is no A in their alphabet. If a physician uses high potencies in alternation, selecting his remedies by the objective symptoms only, he will fail, and the converse of this is true. Homœopathic physicians are all desirous of reaching the same point—the truth—and there must be some allowance made for the circumstances under which one has to practice. Hahnemann secluded himself from the world and devoted his attention almost exclusively to chronic diseases. He had an opportunity of maturing his mind and selecting a remedy with great care. Physicians in general practice have no such opportunity. The leading object of the physician should be to secure the best interests of his patient, according to the best knowledge he has. It does not follow that he is the *best physician* who has the greatest knowledge of symptoms. The *worst physician* is he who only knows enough to do as he is told, without knowing the reason why.

Dr. LIPPE said it was due to the students of the Homœopathic College who were kind enough to prove a remedy, that he should make some remarks. In his opinion, no student is fit to graduate unless acquainted with the method of proving medicines. Should he take the rich legacy that Hahnemann had bequeathed him without giving something in return? The proving of Hydrastis by the class was made in accordance with Hahnemannian principles. Each student was allowed to select what preparation he would use, from the tincture to the thirtieth. One dose was taken; its effects carefully noted, and the results carefully examined and compared. Whether the symptoms recorded be correct or not, the profession is a jury that will examine and pronounce the verdict on them. As to Homœopathic physicians of this generation not being as successful as those preceding them, he regarded the question as of easy solution, and would say, you have departed from the principles of Hahnemann; you have gone back to tinctures; you have alternated, and you are not as successful.

Dr. WILLIAMSON said that if he placed a high estimate on the provings of women and children, he had a much higher regard for those of scientific men, and he rose to return his thanks, and moved that the thanks of this Society be given to the class for their able, copious and excellent provings of Hydrastis.

(This motion was carried unanimously.)

Dr. RICHARD GARDINER said that he had practised Allopathy for twenty-two years, to his sore regret, before he heard of Homœopathy. As soon as he understood the latter, he put it in practice. He began with the use of the thirtieth potency, and believed that at that time no other potency could be had. After a time lower preparations were to be obtained, and he used them, even to the tinctures, for which, he said, he ought to be condemned. He believed he was as successful in Allopathy as others, and in Homœopathy, when he used the low preparations, as others who did the same. He had now for about fifteen years been using high potencies and the single remedy, and has better success than when he used the tinctures or the thirtieth.

The Society was then declared adjourned.

AMERICAN HOMŒOPATHIC RECORD.*

PROSPECTUS.

Under the auspices of the AMERICAN INSTITUTE OF HOMŒOPATHY, the *Bureau of Organization, Registration and Statistics* propose issuing a periodical under the above title as the organ of the Homœopathic societies.

As the name implies it will aim merely to record facts, thus keeping the profession informed of what is transpiring in our school, and what progress Homœopathy is making.

It will be published monthly, in octavo form, of sixteen pages. Subscriptions \$1 per year in advance, to be sent to JOHN T. S. SMITH AND SONS, 105 Fourth avenue, New York.

In the early history of Homœopathy in this country, its practitioners felt obliged to associate themselves together that by united effort the new system might be better enabled to withstand the opposition of the dominant school. Being but few in number, each required the support of his associate. Although the same reasons for associations of Homœopathic physicians do not now obtain, it is of great importance that societies should be formed for the purpose of uniting the efforts of our school in the advancement of Homœopathy and the collateral branches of medicine.

Taking the lead in this, the American Institute of Homœopathy, in order to increase its usefulness, awaken an interest among the profession and to establish a feeling of fellowship among our practitioners, at its last meeting, held at Pittsburg, June 6th and 7th, appointed Bureaus on the following subjects: *Materia Medica*; *Clinical Medicine* and *Zymoses*; *Surgery*; *Organization, Registration and Statistics*; and *Obstetrics*.

The Bureau on Organization, Registration and Statistics was instructed to prepare a catalogue containing the constitution, by-laws, rules and regulations of the Institute; a full list of its members, past and present, together with a list of Homœopathic practitioners of America, and statistics of the various societies and institutions connected with Homœopathy.

In compliance with these instructions, the committee have prepared blank forms for the purpose of eliciting the desired information.

I.—ORGANIZATION.

In this department we desire to publish a brief, although complete and reliable, history of all the Homœopathic Medical Institutions and Societies in this country. To this end we earnestly request the secretaries or other officers of medical associations, State or local, and of medical colleges, hospitals or dispensaries or any public or private medical institute, to fill the accompanying blanks and return them promptly as hereinafter directed.

During the last decade very large accessions have been made to the ranks of the Homœopathic medical profession in this country; many medical societies, both State and local, have been organized; our system of medical practice has been more widely extended, more ably

* We publish this Prospectus in order to give every possible encouragement to a movement which cannot but advance that progress of Homœopathy which it is designed to record. F.

represented, and introduced into a far greater number of the important and desirable localities throughout the country than during any similar period in the history of our school; our system of medical treatment has been introduced into and adopted by many public and eleemosynary institutions. The practical superiority of the Homœopathic system over that of all others has received far more general attention than at any former period.

In this connection the Bureau desire to call attention to the importance of thorough organization in promoting the more rapid development and progress of our system of medicine. Our State and local societies have largely contributed to the present advanced position of our school, and have been chiefly instrumental in securing a more general acceptance and recognition, on the part of the public, of the scientific basis upon which our system rests. Thorough organization is also of incalculable value to us in promoting the advancement of medical science, and in securing practically equal legal advantages with the Allopathic school. We, therefore, respectfully urge the profession throughout the country to avail themselves, to the fullest extent, of this very effective agency, by supporting the present existing societies, and by organizing new associations wherever practicable.

II.—REGISTRATION.

We desire to prepare an accurate and reliable register of all the members of our profession residing in the United States and Canada. We, therefore, earnestly request every Homœopathic physician who may receive these blanks to insert his own name, title and address, and those of physicians of his acquaintance residing in his immediate vicinity. Graduates in medicine may be designated by the usual title "M. D.," licentiates by "L. M.;" the names of those who are practising without a license or diploma may be underlined.

III.—STATISTICS.

The Bureau desires to obtain statistical information, showing the progress and present status of the Homœopathic school. The report may embrace—

1. The total number of regular Homœopathic practitioners residing in any given county or State, and the increase or decrease during the past ten years.

2. Statements showing the results of medical treatment in any Homœopathic dispensary, hospital or public institution.

3. Statistical and comparative evidence of the superiority of our system of medical treatment over that of all others. Elaborately prepared articles, or brief statements, however fragmentary, if reliable, will be very acceptable.

4. A correct list of all works published on Homœopathy, including pamphlets and articles contributed to the various Homœopathic periodicals.

5. List of all Homœopathic organizations, as societies, dispensaries, hospitals, colleges, etc., with names and address of officers, date of organization, time of holding meetings, etc.

BUREAU OF ORGANIZATION, REGISTRATION AND STATISTICS.

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THE HAHNEMANNIAN MONTHLY.

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THE MATERIA MEDICA ;

ITS CHARACTERISTIC SYMPTOMS AND KEY-NOTES.

Read before Philadelphia Homœopathic Medical Society.

BY J. H. P. FROST, M. D.

There are two methods of prescribing medicines ; one in which a general remedy is given for a general disease ; the other in which it is attempted more exactly to adapt the remedy to the existing conditions of the individual case. The former is the Allopathic, the latter is the Homœopathic method. Thus for renal colic, for example, the physician will find recommended Bell., Cann., Canth., Nux v., Puls., Sarsaparilla, etc. ; but he will employ these remedies in vain,—whether he *try them successively*, as the manner of some is, or administer them in alternation, as is the custom of others,—until he happens upon the one that corresponds to the particular form of Nephralgia which he has in hand. Let us suppose that his case is characterized by hemorrhage. For such a complication all the above-mentioned remedies may prove inapplicable. He is driven to search the Materia Medica in every direction ; and under

*Ocimum Canum** he finds at last: "Crampy pains in the kidneys. Renal colic, with violent vomiting every fifteen minutes; one wrings one's hands, and moans and cries all the time. *Red urine with brick-dust sediment after the attack.*" He gives this, perhaps to him before unknown remedy, and is gratified with the happiest success under circumstances apparently most desperate. The opposite, general, or Allopathic mode of prescribing is well illustrated in the use of *Camphor oil*, or saturated solution of Camphor in strongest alcohol, in cholera. Here a remedy is prescribed for the disease by name; and it may be with the most favorable results, so long as the disease itself maintains in all cases the same type, and that type the one to which Camphor exactly corresponds. But let the disease appear in a different form in different individuals, or as an epidemic assume a varied type in a subsequent year, and all past experience goes for nothing. The Camphor but adds the insult of a mock-medicine to the injury already inflicted upon the system by severe disease.

Although somewhat digressive from our immediate theme, the following extract from a paper written by Dr. John F. Gray, in 1845,† is interesting at this time, both from the relation it bears to Dr. Rocco Rubini's recent Camphor treatment of cholera; and from the question which it involves and undertakes to decide, as to the comparative action of massive doses of this drug and of its higher, Homœopathic potencies;—and from the general question of the curability by the higher potencies of symptoms corresponding to those obtained only from provings with massive doses.

"In the first place, I think our art is restricted within too narrow limits. Homœopathy demands the application of a larger means than Homœopathists employ; the art is

* Mure's *Materia Medica*, p. 215. Compare also Lippe's *Text Book*, p. 493,—where the clinical results, in such conditions, are also incorporated.

† *Homœopathic Examiner*, New Series, Vol. I., p. 2.

not allowed to come up to the demands of the Science, for we confine ourselves not merely to what we call the pure pathogenesis, but to that side of it which comes from the very minute doses of drugs on trial with the healthy; when we should, as I believe, sometimes give doses which correspond to that side of the pathogenesis which springs from massive doses given to the healthy. For example, if we would cure that phase of Asiatic cholera which corresponds to the massive impression of Camphor, we should, as the art now stands, give an attenuated form of that remedy, say the 6th, 12th, or even the 30th, when we ought to apply the mother tincture both externally and internally. No attenuation of Camphor will ever so intoxicate a healthy man as to make him resemble a case of cholera collapse, and a just adaptation of the science of Homœopathy teaches us that the exhibition of any attenuation to a collapsed case of cholera, must be wholly fruitless. But a massive dose, say a scruple or two of Camphor, is sure to produce a *fac simile* of such collapse; and as the doses which bear the relation to the sick which the massive ones do to the healthy are the strictly normal ones, I shall certainly administer and frequently repeat the tincture of Camphor (and not any 'potence,' not even the first) to a case of this kind. Such was Hahnemann's own instruction to his disciples respecting the cholera of 1832; that is to say, he directed the use of the tincture in doses of from one to five drops, every five, ten, or fifteen minutes, till the collapse was overcome; but he he did not say this was a rule of the art of Homœopathy, he in effect made it an exception to such rules, whilst he as strenuously directed the use of the 30th dilution for all other cases of disease."

In connection with this interesting extract we cannot choose but make a remark or two in passing; since although but indirectly connected with our immediate theme, the principle here involved of the relation of the higher potencies to the cure of symptoms corresponding to those produced in provers by massive doses only, has no small significance in the study of the Materia Medica.

First: Subsequent experience has shown that the very highest potencies may become curative even in collapsed cases of cholera; therefore the supposed inefficiency of the 6th, 12th, and 30th preparations arose either from their

not being potentized enough; from their being administered in doses too frequently repeated; or, most of all, from failure to select the right remedy, and from not giving these preparations a trial!

Secondly: The doctrine attempted to be established, that the sphere of the different Homœopathic preparations, from the gross drug upwards, is confined exclusively to such symptoms as may be obtained from corresponding preparations given to the provers, falls to the ground. Here in fact is involved the very essence of Homœopathy; for "the man who denies the theory of potentization, denies Homœopathy" itself.

Thirdly: While it is now admitted that in some cases the lower and even the lowest Homœopathic preparations may prove efficacious when the higher have failed, and, conversely, that the higher and highest potencies still oftener become curative when the lower and lowest have been found unavailing; it must no less be admitted that the law which should guide us infallibly to the choice of the high or low potency in each case has yet to be determined; and that there is great reason to doubt if any such abstract and *a priori* rule ever can be discovered. In fact so far as the indications in this respect can be discerned at present, they seem to show that this law will be found to consist in *some inherent* condition of the *individual patient*; and not in any general comparison of his symptoms with those respectively obtained from the different preparations originally employed in making the proving. The principal difficulty in finally settling the question in any other way, will arise from the fact that very similar symptoms, in innumerable instances, are obtained from provers who take the high, and from those who take only the low preparations. This fact makes against the doctrine affirmed by Dr. Gray, in the extract just given; and if in addition to this, we consider also that many forms of disease corresponding to those produced in the provers by low preparations, have been cured by the very highest; we shall all the more be compelled to look into the nature of the

constitution of our individual patient, for the reasons which should decide us to give him the higher or the lower potencies. Or in case no such decisive reasons appear at first, we can still fall back upon the individual experience in the individual case, and resort to the lower potencies when the higher fail, and *vice versa*.

But to return to our more particular subject. The present extent of our Homœopathic Materia Medica terrifies the student, and even the practitioner anticipates with a sort of foreboding apprehension the long-promised and long-expected *Materia Medica Magna* of our venerable friend, Dr. C. Hering. If the mere list of remedies seem little less than frightful, who shall say that the voluminous mass of their symptoms is not actually appalling.

Indeed, long before our Materia Medica had reached its present unwieldy extent, methods were sought for, by which it might be classified, arranged and simplified, so as to facilitate its study. In this connection it may be sufficient merely to refer to the systems and works of Teste in France; of Drs. Dudgeon, Drysdale and others, in Great Britain; and of Dr. Hempel in America. These are principally remarkable for being general methods of generalization. Another class of works on the Materia Medica consist in the *abridgments*, such as that of Jahr, in Europe, and of his successive editors in this country. These have been more or less useful; some of them in fact have for years constituted all the manuals of Materia Medica that have been accessible to the great majority of the Homœopathic profession. But from having been prepared some time ago, they now lack several of the more recently introduced and valuable remedies, and also fail to represent fully the present state of our knowledge of such as they do contain. These abridgments were, however, principally deficient in the presentation of the *essentially characteristic symptoms of the different remedies*. This latter deficiency,—as well as that first mentioned,—Dr. Lippe has attempted to supply in his

lately published Text-book, with what success the profession will be well able to judge from the experiment.

Next to these attempts at rendering more feasible the study of the *Materia Medica*, come the Repertories. These may be defined as more restricted methods of generalizing in the first place; with attempts in the second place, more or less completely successful,—to record under these generalizations, the particular symptoms of the remedies. One advantage of such a work, when it is properly executed, in addition to its calling direct attention to the principal or to all the known remedies for a given form of disease, consists in the fact that the symptoms of each remedy, instead of being absolute *disjecta membra*, are expressly or impliedly put forth in connection with the other, accompanying conditions. Thus a Repertory may be supposed to represent, not so much the grand trunk of the *Materia Medica*, as the principal and lesser branches in their associate connections. And yet even the fullest repertories hitherto published have been found, to say the least, somewhat unsatisfactory. For, as among the dense foliage which clothes the minuter branches of the tree, the fruit may be completely hidden; so amid the detailed mass of larger and smaller symptoms, some,—which, even if the smallest, are not therefore to be deemed least in importance,—are sure to be overlooked. Pathological and physiological (functional) symptoms there may be in abundance; but of those minuter shades of sensations, which represent and characterize, and even anticipate the various disorders of the organic nervous system, how large a proportion *non est inventus*!

Under different titles, general headings of particular diseases, are enumerated the principal remedies which may be useful for them. Here then we have at once a list of medicines to be studied in the *Materia Medica*; if among them the suitable remedy is not found, the case must be still further considered; particularly with reference to the special symptoms or symptom, not covered by any of the first-mentioned remedies. Such special symptom will un-

doubtedly prove the characteristic of the entire case; and the remedy which presents it in harmony with the other conditions, will necessarily prove curative. For not only may a remedy have some general and most essential characteristics, which belong to it in the most general manner; but each remedy may also have certain symptoms which are its essential characteristics in particular forms of disease. Thus the restlessness or *aggravation of Rhus when still*, is a most general characteristic of this remedy; while *redness of the tip of the tongue* is no less truly characteristic of it in that particular form of disease called typhoid fever.

When we consider that a complete Repertory must arrange the principal, and in fact all the symptoms under several different heads, in order that they may be ready to appear when wanted, in connection with the various forms of disease in which they may occur, it is evident that such a work in order to be reliable must be voluminous. And in this respect it will come to resemble a concordance which repeats each text in the Scriptures under as many different titles or headings as there are words in the text itself. So extended a Repertory we can scarcely expect to see very soon, even if its use were entirely unobjectionable. But the method of studying the Materia Medica which results from the use of such systems, bears the same relation to its proper and thorough study, that Algebra* bears to true mathematical analysis. Repertories in medicine, like algebraic formulæ in mathematics, may indeed conduct us to the right conclusion; but in either case they lead us blindfold. We live from hand to mouth; and all our repertorial study, while it but poorly serves the present purpose, brings leanness into our souls; since it prevents our minds from being stored with such masterly knowledge of the medicines as shall render us more and more independent of this continued and slavish study. Thus the more per-

* *Vide* Sir Wm. Hamilton on The Study of Mathematics, Ed. Review, January, 1836.

fectly such a Repertory is constructed, the less do we really learn from it of the *Materia Medica Pura*.*

Some Index, indeed, we must have to the pure pathogenesis; and if, in addition to this and incorporated with it, we also have a true clinical guide, the work will be so much the more valuable. In fact, a Repertory must necessarily partake more or less of the clinical character. But may it not be possible to conjoin with this some direct exposition of the *Materia Medica*, so that at the same time we have thus pointed out to us the needed remedy, we shall also have associated with it that portion of its essential characteristic symptoms which applies to the case in hand? Bönninghåusen, in his *Therapeutic Pocket Book*, attempts, in a certain manner, that is, with the help of the clinical results of his immense experience, to determine what were the characteristic symptoms of the remedy in general, and in relation to particular forms of disease. It is a work which, although of great practical utility to those who have the patience to use it, has these symptoms so

*As an exception to this remark may be instanced the English "cypher" Repertory, edited principally by Dr. Drysdale, which, with its Arabic and Roman numerals, cyphers and abbreviations, seems like a cross between a system of mnemotechnics and a treatise on the differential calculus; the uninitiated might, however, mistake it for a phonographic New Testament in Hindostanee,—for these reasons, and for the almost total impossibility of one's learning how to use the book without becoming *non compos mentis* in the attempt, we deem it an exception to our remark on Repertories,—but such an exception as all the more strongly confirms the rule; since it is at the same time the least perfect, and the one from which it is impossible to learn any thing. It would seem that the height of folly could no further go in this direction; but we remember to have seen somewhere, or to have had enthusiastically *demonstrated* to us by its author, a method of obtaining the *unknown* remedy for a given number of *known symptoms* by a perfectly simple mathematical process, which among learned men may be honored by some more dignified title, but which exactly corresponds to what among school-boys is known as *the rule of three*!

Compare Dr. Drysdale's article on the "Repertory and True Hahnemannism," *Brit. Jour. Hom.*, Vol. XVIII., p. 9.

scattered in every possible direction, and so effectually separated from each other, that the principal labor of the student consists in a sometimes fruitless attempt to recombine their dissevered elements.

Jahr, in his Clinical Guide, or Pocket Repertory, attempted to supply the want, when in the latter portion of this work he gave what he termed "characteristic symptoms of the most important Homœopathic remedies." This, although an effort in the right direction to supply a serious deficiency, was too imperfectly performed to be of much practical value.

The Materia Medica Pura may be likened to the base of the tree springing from the great roots of pathogenesis, while the Repertory may be represented by the tapering upper portion of the trunk of the same tree; this trunk constituting the foundation of the Repertory, as the pathogenesis forms the fundamental base of the Materia Medica itself. This upper trunk being in turn composed of various combined *fasciculi*; first, of all the *unicum* symptoms of each remedy by itself; secondly, of the principal, most general and essentially characteristic symptoms of the remedy; and thirdly, of the more special characteristics, or those which pertain to the remedy in particular forms of disease. Such a resumé of the principal elements of each remedy, in our opinion, would form a most instructive and practically valuable basis for the indicial portion of the Repertory; which latter would then consist, as now, of the more or less important and remarkable symptoms of all the remedies, arranged, for convenience's sake, in their appropriate nosological divisions; and representing, in our simile, the larger and smaller branches of the tree. Thus, as in external nature, the top of the tree corresponds to its radical branches in the ground; so in our art, the Repertory should be made to correspond to the original pathogenesis, the connecting link and bond of union consisting in that diminishing stem which is made up by collating all the characteristics of the various remedies.

In the pathogenesis of each well-proved remedy there is no doubt to be found an immense number of symptoms common to many, or at least to several others. Next to these come such symptoms as one or more of the various remedies have in the most remarkable and prominent manner,—either under particular conditions, constituting such as may be termed *special characteristics*; or without conditions, composing such as have been termed the most *general and essential characteristics*; then we have what are called *key-notes*; and finally, the *unicums*,* or symptoms which appear in a single remedy only.

With a brief attempt to distinguish the relative nature and power of these several classes of symptoms, we will conclude this paper. The prominent and characteristic symptom acts upon our minds by suggesting to us all the remedies which we know contain it. And in this connection is seen the special advantage of a Repertory; in that we may be sure we do not omit to study, in relation to our case, every remedy which has the symptom, especially with corresponding prominence. Such symptom *must be covered*, although, of course, in accordance with the accompanying conditions. In unison with the views of Drs. Jeanes and Williamson, and I think also of Dr. Bönninghåusen, the coincidence of three prominent or characteristic symptoms, in a case and in a corresponding remedy, will hardly ever fail to prove that remedy the right one.

The most *prominent* symptoms are usually objective and pathological, or purely structural. Such are dilatation of the pupil in Belladonna; the warts of Causticum; the condylomata of Thuya; the bunions of Graphites; the gastro-enteritis of Arsenic; and the peritonitis of Bryonia.

* Through the kindness of Dr. Lippe we are enabled to give the following, but little known *unicum* of *Staphysagria*,—partly clinical and partly pathogenetic, but as a whole, verified in a most remarkable cure:

Backache, worse on lying down, at night, compelling to rise at 1 A. M., and relieved by sitting up.

Many *characteristic* symptoms are also objective in a less material sense; but they are more especially *functional*; such are the peculiar thirst of Arsenic; its absence (or intensity) in Apis; the amenorrhœa of Pulsatilla; the spasms of Cuprum and Nux v.; and, in fact, all the innumerable organic derangements recorded in our pathogenesis.

A third class of symptoms, corresponding, I think, mainly to those more strictly *sensational*, constitute what by Dr. Guernsey have been termed *key-notes*.

The prominent and characteristic symptoms will often suggest several remedies, in which they may be equally well represented; the final choice being determined by the accompanying conditions,—the *unicum* symptoms can of course point each to a single medicine only. While the *key-notes*, according to Dr. Guernsey, will, in each instance, form an unfailing guide; the requisite conditions and corresponding totality of the symptoms in such cases being inevitably present. If this doctrine is true,—and in practice it has been confirmed by much experience,—it is so because these so-called *key-notes* essentially represent a profound dyscrasia of the *organic nervous system*; either in such sensations of pain as precede even the first functional derangements, and are intended as premonitory admonitions; or in such sensations as arise in connection with, and in consequence of, the initial disorder in these most interior organs of vegetative life. Instances illustrative may be seen in the dull and long-lasting pain in the chest, extending to the back, of *Kali hyd.*; in the pains, under the right and left scapula respectively, of *Chelidonium* and *Chenopodium*; in the aura epileptica; in many of the conditions of time; and in the great mass of strongly-pronounced moral symptoms.

The whole subject of these distinctions is best illustrated by observing that one class of Homœopathic physicians base themselves on what they would term the *terra firma* of objective symptoms, pathological malformations, and structural disorganizations and degenerations,—and apply to these massive and material doses, both externally

and internally. These constitute what may be termed the pathological school; and include many who seek in the knife of the surgeon the ally of the Homœopathic remedy.

A careful consideration of the *totality* of the symptoms forms an essential of the Homœopathic method. The objective symptoms as well as the subjective must be provided for; the pathological as well as the functional and sensational symptoms must be included. And each will have its appropriate influence in connection with all the rest, according to the best judgment of the physician.

But this, giving all due weight to the pathological symptoms, must be entirely distinguished from the formation of pathological theories as a basis for prescribing. About these, objective symptoms there can be no mistake, and so far as possible they should be completely covered in the prescriptions. But the opinions we may form from them and from the other symptoms as to the internal pathological condition,—opinions which may be correct, but which are just as liable to be erroneous,—should not influence the selection of the remedy. Let us use the pathological symptoms as much as we please; but let us at the same time avoid trusting to theoretical conclusions based upon them. For such a method of prescribing but brings the Homœopathic practice down to the level of the Allopathic. From all the data which they observe, the Allopaths assume the presence of a certain disease, *for which* accordingly they prescribe: and it is to a similar method of prescribing, but based upon a still more limited foundation for the assumptions, that we object in the present instance.

Take for example a case of colic, with suspected intussusception of the bowel: our conclusion as to such a pathological condition will necessarily influence our prognosis; and it may be our duty to inform the friends of the patient, if not the patient himself, that unless the remedies relieve him his life is in very great danger. But for the selection of the remedy we are compelled to observe the peculiar symptoms of the case; these latter,—it may be that they

are principally subjective or sensational symptoms,—will guide us to that remedy which alone can be truly Homœopathic to the whole case and which alone, therefore, can do any good; and to this remedy, our absolute knowledge, if we had it, of the existence of an intussusception,—or that the bowel was actually tied in a knot,—would furnish no clue. In saying this we refer of course exclusively to medical treatment; for it is hardly to be expected that every physician will feel himself competent to lay open the parietes of the abdomen and release the entangled bowel,—an operation which has been successfully performed.

Another class take more especial note of functional derangements, and, in general, use a higher class of remedies; with these, however, certain of the physiological school claim kindred, and advocate the exhibition of medicine as an article of food.

Still another class, not by any means disregarding the structural and functional, objective symptoms, attach the very highest importance to those which are subjective. Some even make so profound a study of the pathogenesis and of the psychological nature of man, that they allow themselves to be guided principally by the mental and moral symptoms in the selection of the Homœopathic remedy;—these latter necessarily, and the most of the former, principally and from choice, employ the the higher and very highest Homœopathic potencies.

Thus, it will be seen that each class endeavors to adapt the Homœopathic remedies to such symptoms of his patient as he regards most important, or is best able to discern; and, while doing so, at the same time and in like manner, employs such preparations of the Homœopathic medicines as he best understands, or such as he deems most suitable to the condition of the patients themselves; all giving the remedies professedly in accordance with the same law of the similars.

In conclusion I would remark, that we can never have either a good clinical Repertory which shall at the same time present all the prominent, characteristic, *unicum*, and key-note symptoms; nor, indeed, can we ever have the means of determining all the characteristics and of discovering all the invaluable key-notes,—until we possess the *full Materia Medica*, published in one grand work, brought down to the latest date, without the omission of a single symptom of a single prover.

CLINICAL OBSERVATIONS.

BY DR. L. GAUDY.

Translated from the Journal *De Dispensaire Hahnemann*, Vol. v., No. 7.

On the 12th of October, 1866, I was requested to see Mr. Charles, farmer, at Schaerbeck, a man of eighty-five years, who had all his life enjoyed excellent health, and who had had the itch at different times, contracted during the wars of the first empire. Four days previous, and without any apparent cause, he had experienced a slight difficulty in passing water, and this symptom gradually increasing, the old man sent for his usual physician. The introduction of the catheter brought a large quantity of urine. Notwithstanding the use of a preparation, consisting of nitre and turpentine, of rest in bed, of soothing drinks and general bath, the bladder still remained sluggish, and after forty-eight hours the catheter had again to be applied. This time it failed; all the attempts of that morning and evening of the 11th of October, served only to aggravate the sufferings of the patient, and every effort to introduce the instrument was followed by abundant hemorrhage. The situation became alarming; the enormous distension of the bladder, the prostration of strength, ardent thirst, smallness and frequency of pulse, the chills, fever, changed features, the extreme sensitiveness of the abdomen, the impossibility of passing water, all these symptoms, local and general, were indicative of the unexceptional gravity of a case for which a remedy must immediately be found.

It was then that the family requested me to visit the patient. My respected colleague explained to me the situation and origin and progress of the disease, and also the treatment that he had thought proper to prescribe. We proceeded together in a new and complete examination of

the patient, and these were the principal symptoms we observed:

Great change of countenance, dry skin, hot, nauseous, urinary odor, continual thirst, drinking but a few drops at a time, frequent nausea, sometimes vomiting the liquids as soon as taken, constipation, tenesmus, considerable swelling of the abdomen, extended *mat son* corresponding and elevated to within a few lines of the umbilicus, the lightest percussion causing atrocious pain; this sensitiveness to the touch much extended. Incessant call to urinate, burning at the neck of the bladder, extending the length of the penis. The rectum reveals to the touch a considerable swelling of the prostate, particularly of the left lobe, which is notably hypertrophied, great sensibility in all the surrounding parts during the anal examination.

Owing to the imminent danger, we resolved unanimously to try catheterism again. It was practised with all the precautions recommended for such a case, and with instruments of different calibre and curvature.

After twenty minutes of useless efforts, which caused the patient renewed pain and hemorrhage, we decided to put him in a bath, and call a third physician from one of the hospitals of Brussels.

It was ten A. M., and we were to meet in consultation at two o'clock. My respected colleague having nothing more to prescribe after the want of success of his diuretic potions, accepted my proposal of employing the four hours to come in trying whether Homœopathic globules might not produce better effects than the nitric mixtures of turpentine. His answer was that Homœopathists giving habitually but fresh water and sugar globules, he saw no harm whatever in the administration of my innocent preparations.

Consequently I prescribed on account of the wounded organism *Arnica* 6^m, in four spoonfuls of water, a spoonful every half hour. I left another powder, *Cantharis* 6^m, to be taken in the same manner, if at half-past twelve o'clock

the patient had not entirely or in part succeeded in emptying the bladder.

On my return, a few minutes before the consultation, the patient joyfully announced to me that after the third spoonful, he had passed some hundred scruples of dark urine, tinged with blood, and with dreadful burning pains. Since this passage he had felt decidedly better, the abdomen less drawn, the pains had left, and there was less anxiety about him. The second powder had not been given, having been mislaid and had not yet been found.

I mentioned this success to my two colleagues, but no notice was taken of it, and new attempts were made with the catheter. Our honorable colleague from the hospitals was thirty minutes trying different means of touching the bladder. His efforts were unavailing; we were about to retire, discouraged, to consult about other trials and discuss the necessity of puncturing, when, returning suddenly, he introduced in the canal, on a level with the prostate, an elastic catheter of a large caliber; the index of the left hand was slipped in the rectum to direct the mouth of the instrument; then with a little motion combining rotation and propulsion, to our great satisfaction the bladder was reached and a considerable quantity of red, dark and bloody urine was drawn. The patient in a short time felt remarkably improved. It was decided that the catheter should remain in altogether, and I, judging my presence of no use, took leave of the patient.

It was three weeks after the above consultation,—the physicians having decided that there was nothing more to do than to leave the catheter where it was until it would not be necessary by the return of the natural functions,—that the son-in-law of the old man, who had witnessed some remarkable cures on cattle by Homœopathic treatment, came to consult me on the treatment above referred to; he thought that my medicines might overcome the sluggishness of the bladder. I spoke to him of my fears of the bad effects of the permanency of the presence of the

catheter on the bladder, and among the dangerous consequences of this I mentioned a paralysis of the neck of the bladder, which might result from this surgical treatment.

From the good antecedents of the patient, the strength of his constitution, I gave a probability of being able to restore the contractility of the bladder and the normal state of the urine.

I prescribed consequently on November 15th, 1866, two doses of cantharis 30^m in four spoonfuls of water, one spoonful morning and evening; in two days, if there was no *amelioration*, the second powder to be taken precisely like the first. Relaxing drinks, decoctions of dandelion and flax-seed, general bath or partial, daily, soothing poultices on the bladder in the evening, gentle friction with the hand (bare) on the vesical region twice a day, the bladder emptied three times a day with a gum-elastic catheter of inferior calibre to the one already there.

This treatment surpassed my expectations; the 23d of November the son-in-law came with joy to tell me that his father had, without the instrument, urinated twice during the day of the 19th of November, with much pain and burning, and by small drops at a time. This gradually improved day after day; on the fourth day after first taking the treatment the catheter was not required at all.

Twenty-third of November. Saccharum lactis four powders, one every two days, to continue.

Fourth of December. A notable improvement; the patient can retain or discharge the urine at will; still some slight pains each time. The water is not abundant, but disturbed and with an abundant and thick mucous sediment; it comes drop after drop at times, but this is not always the case. I prescribed a sitz-bath daily, soothing drink and *Dulcam.* 30^m once, in the evening.

From that time the improvement is manifest; the patient urinates with ease, and sometimes, when required, can scarcely retain it. But this slight temporal aggravation is only accidental; after two days the patient's urinary powers

had almost returned to their former state of health, as in October, when he was first attacked. The mucus had much diminished, there was scarcely pain, and nothing but some pressure or weight in the abdomen before the emission.

December 20th. I gave *Pulsatilla* 30. This completed the cure, and on the following February 2d the urinary organs and functions had entirely returned to their former state of health.

I wished to give a proof of the superiority of Homœopathic treatment by these comparative observations. Our readers will decide, after reading this impartial and faithful report, what faith they can place in the invectives and abuses heaped upon our therapeutic agents by our academists and their adepts; they will be able by comparing facts to judge whether classical professors realize the precepts of the fathers to cure "*cito, tuto et jucunde*."

ANNUAL MEETING

OF THE STATE MEDICAL SOCIETY OF PENNSYLVANIA.

The Homœopathic Medical Society of this State will hold its annual meeting for 1867, in the city of Philadelphia, on Monday, June 3d, at 11 A. M., in the Homœopathic College, Filbert street, above Eleventh.

All committees are expected to have their reports ready for presentation, in full, in writing. Members of committees on scientific subjects, who may find themselves unable to attend the meeting, will please forward their papers to the Recording Secretary of the Society in time to be read. Homœopathic physicians throughout the State are solicited to write interesting and instructive articles on medical or surgical subjects, or to offer in writing reports of unusual cases from practice, to be presented and read at the meeting.

The Society will adjourn in time to allow members to attend the meeting of the American Institute of Homœopathy.

The annual address before the State Society will be delivered by Dr. J. B. Wood, of West Chester, and will, in all probability, be delivered on Monday evening.

BUSHROD W. JAMES, M. D.

Recording Secretary.

“INFANTILE FOOD.”

BY JOSEPH E. JONES, M. D.

Under this heading, in the March issue, Vol. II., of the *Hahnemannian Monthly*, I see an article written by Dr. Geo. F. Foote.

The prominent idea it contains is, that infants' stomachs will not digest the starches; and more, that this food will do decided injury, producing “wind on the stomach, irritating diarrhoea, fretfulness, and the host of baby ailments so common to infantile life.”

It is in no spirit of fault-finding I take my pen to confute the idea,—it certainly can be only an idea, for daily practice proves differently,—but with an honest desire to save the hundreds of students and younger graduates in our noble profession from false teachings of any kind. An erroneous idea inculcated, on which the practice of many years is to be established, and life or death to thousands involved, will demonstrate that a little thing of the present becomes huge in its proportions in the future.

My object is not to theorize, but to give a few practical facts which prove, conclusively, that starch not only does no injury to the infantile stomach, but actually is good, and one of the best of diets for the pouches of these most-important personages.

All concede that the only proper food for these little customers is drawn from nature's fountains; but that cow's milk will starve even the majority of babies, surely experience will not confirm. If the writer had said skimmed milk, we would have exclaimed, “All right.” Who of us have not seen many children healthy and of good dimensions, having existed on good rich new milk for months and even years. Cases to prove this certainly are not necessary.

The important query is, can a child do well on a “sub-

stance containing starchy matter?" I answer in the affirmative by a few cases.

In the winter of 1866 Mrs. J. was delivered of a very plump little girl. Within a month the mother's milk failed, and there became a necessity to feed the child. New milk obtained morning and evening from a fresh cow was ordered and given. The child did well upon it, until the heat and changes of August created a summer complaint almost amounting to cholera infantum. The diet was then changed to the same "*milk*" thickened with "*corn-starch*." Within a few days the diarrhoea ceased, the other serious symptoms passed away, and its usual fleshy appearance was resumed, which has remained ever since. The child now is very fat, quite healthy, and weighing twenty-four and one-half pounds. All from "*cow's milk*" and "*corn-starch*."

CASE No. 2. Mrs. P. gave birth to a fine, large-sized, fleshy boy in July, 1866. The mother was remarkably well-developed in the mamma; the flow of milk being very large, was more than the child could take; much run to waste. Within a month of the delivery the babe sickened, lost its flesh, vomited its milk, and purged with grass-green stools. It became, in verity, but skin and bones. Its mother's milk not agreeing with it, the diet was changed to goat's milk, which only increased the trouble; but on giving "*cow's milk*" and "*corn-starch*," three days' time was sufficient for the little one to appear like a different child, growing in flesh hourly, until the present; he is as fleshy, solid, and thriving as the fondest of mothers could desire. At the age of eight months weighs twenty-four pounds, having taken nothing but "*cow's milk*" and "*corn-starch*."

These are but samples of many such cases. Almost daily they occur to the general practitioner who uses this best of all diets, *corn-starch* thickening good new milk. If "*cow's milk* will starve a child" and "*amylaceous food* will not digest," how did these children live?

Another of the most hearty, best formed, rollicking boys

that I have seen, comes to my memory. He was born of healthy parents, doing well for a month or two on his mother's milk, when it failed, and he was dependent on cow's milk alone, until teething and the heat of summer brought on a diarrhœa which caused a change of diet to whey. On this he recovered from the disease, when his mother, at her own option, mixed him "*arrow-root*" and water; he improved in flesh on this, having no "indigestion," neither "wind upon the stomach," nor any of the balance of "the host of baby ailments." The "*arrow-root*" fed him most of the summer and fall; during the winter "cow's milk and corn-starch" were substituted, with the effect already stated.

We could fill a whole edition of the Hahnemannian Monthly with the narration of such cases, but is it necessary? Do these not prove that a child will not "starve on cow's milk," and that fecula will digest?

Another case where a whole large family of unusually healthy children were raised on "cow's milk and rolled crackers" has been brought to my attention, but time, space, and necessity do not permit its narration.

In reference to the note adduced to prove the unsustaining character of cow's milk, showed by the report from Blackwell's Island and another foundling hospital mentioned, I cannot see how our worthy colleague could think of even mentioning. Do the children of Blackwell's Island Hospital have for their food "cow's milk only," or is it cow's milk thickened with tremendous daily doses of Allopathic drugs? Did they get new or skimmed milk? Did they get it without the vitiation of the endemic malaria, always present in a hospital? What amount of scrofula or other psoric taint, so common to those establishments, was combined?

Well do I remember the mortality that always attended midsummer's heat and disease when residing as physician of the Philadelphia lying-in wards and Children's Asylum. There the little ones not only had milk, but every other

conceivable food that the fancy of the resident M. D. could concoct, but always commingled with large doses of Allopathic medicines in far greater variety. Was it the food or the medicines, depraved constitutions, indifferent nursing, and the hospital air that killed?

After an extended trial for years of almost every variety of "infantile food," I am convinced, independent of that of the mother, there is none of so universal adaptation to the stomachs of our little ones, or so accessible as good pure new milk from a fresh healthy cow, *slightly* thickened with the best-prepared corn-starch.

The greatest mistake made in the use of this favorite food, is putting too much of the starch to the quantity of milk. It should be prepared thus:—To a quart of milk, just boiling, add a heaped tablespoonful of the starch and as much of the best white sugar, continuing the boiling until it thickens, but no longer. This mixture will digest and will not kill.

REPLY

BY GEORGE F. FOOTE, M. D.

There are but two points at issue in this matter, viz.: First. Can a young infant, deprived of its mother's milk, be healthy when fed upon cow's milk in its crude state alone? Second. Can the same infant properly digest, assimilate, grow fat and be healthy upon food containing a large proportion of starch?

In answering both these questions we must base our conclusions upon the general results. Isolated cases, as exceptions, will not answer the object of the argument. To hear the general of an army estimate the number of miles his soldiers can march in a day, he does not base his calculations upon what the most athletic and strong can do, but upon the endurable qualities of the masses, or, if you please,

the weaker half. In regard to food for infants, there may be exceptions to the general rule; with here and there single cases of remarkably strong constitutions, healthy parentage, with good hygienic influences, where they exist, or even seem to thrive, though much abused in their diet. Like many sick under treatment with the harsher medicines, they escape and survive in spite of the dosing.

The natural food for the new-born infant is its mother's milk. It possesses all the materials for its growth and the maintenance of its temperature. It, therefore, is the standard, and a proper analysis of it should guide us in selecting a substitute when it fails. Any deviation from that is in direct violation of nature's laws and will result in a penalty sure and certain, corresponding in severity to the extent of the violation.

Now let us look at the analysis, and we will give it in connection with cow's milk, the most common substitute, because it is the cheapest and most accessible, and I might add, the best as a basis.

This table was made by MM. Vernois and Becquerel, and is the average results of 89 analyses of each. Both were taken from mothers of the young offspring.

	In 1000 parts there are :		These solids are divided into :			
	Fluids.	Solids.	Butter.	Sugar.	Caseine and Ext. Matter.	In combustible Salts.
Human Milk.....	889.08	110.92	26.66	43.64	39.24	1.38
Cow's Milk	864.06	135.94	36.12	38.03	55.15	6.64
	<hr/> 25.02	<hr/> 25.02	<hr/> 9.46	<hr/> 5.61	<hr/> 15.91	<hr/> 5.26

Now mark the difference. In 1,000 parts there is an excess of about 25 parts in cow's milk of solids, of which about 16 are caseine, 5 incombustible salts, and 10 of fatty matter, while there is a deficiency of $5\frac{1}{2}$ of sugar. For the early infant, there is too much cheese, too much fat, too many salts, less fluid and less sugar.

It is a diet prepared for the young of the graminivora, which are born into this world with stronger digestive and physical powers, with an alimentary canal much longer,

giving more time for digestion and assimilation. But how shall we make this artificial baby-food? A nutriment that will resemble in the nearest possible manner "nature's fountain," supplying all the demands for growth and temperature without over-taxing the delicate machinery for its digestion and assimilation. Our worthy critic gives the following:

- R. Fresh Cow's Milk, 1 qt.
Corn-starch, 1 heaping tablespoonful.
Best White Sugar, 1 " "
Mix and boil till it thickens no longer.

And to this he cites cases within his own practice, to prove that "cow's milk, slightly thickened with corn-starch" as above, is the true substitute, "with a universal adaptation to the *pouches* of our little ones." But let us inquire into the scientifics of this remarkable diet, satisfying all the demands of the little human organism, which in three days' time changes the little one with bare skin and bones to a different child, growing in flesh hourly, solid and thriving, &c.

Is there any thing in corn-starch, that by any process chemically without, or by digestion within the body, can be converted into a substance resembling human milk, as a whole or in part? If so, our wisest savans have as yet failed to discover it, unless one critic is in possession of new light, unknown to the rest of mankind.

We are taught by all chemico-vital writers that starch is converted into dextrine, the first process in its digestion within the stomach, through the aid and presence of saliva; and without the aid of this saliva it must pass the stomach undigested. And we are also taught that the human infant secretes no saliva until it is about four months old.

Then again, what kind of nutriment does starch afford? Does it make flesh and bone? Does it enter into the composition of fibrine or any of the textures of the animal organism? Only to a very limited extent, if any. Does it go to form fatty matter, and be consumed in the lungs as

carbon, or deposited in the adipose tissues, giving rotundity, &c.? Only through that process of digestion, which must convert it into chyme, before it leaves the stomach, rendering it amenable to the action of the bile and pancreatic juices.

Now if food serves the two important uses in the animal economy, viz., one to furnish material for its growth, the other to furnish matter for the maintenance of its temperature, as is taught us by physiological and chemical research, how important it is that we select the kind of food that not only possesses the material for these uses, but that they are in the proportions required by the organism for its assimilation.

According to Dr. R. D. Thompson, an English chemist, who has devoted much attention to the constituents of food, and their relations to the systems of animals, the proportion of the materials for growth, as compared with those for the temperature, as found in human milk soon after birth, are as 1 to 2. While in arrow-root, sago, tapioca and similar starchy matters, including our critic's corn-starch, they are as 1 to 26, and even in wheat flour they are only as 1 to 7.

Will our worthy critic set all science aside and still attempt to teach us by the examples of isolated cases, that corn-starch, possessing within its elements one part only for the maintenance and growth of the child, to twenty-six parts of combustible material for generating animal heat, is the proper food for young infants, while the mother's milk is in proportion only of one of the former to two of the latter? Will he tell us what becomes of the excess of 24 parts out of 27 more than nature demands or can possibly use? Will he tell us that this engorgement of the little stomach with matter that is not only useless, but, according to the best chemical and physiological research, wholly indigestible, is a harmless procedure, a healthy food, that "will digest and not kill?"

The breast-milk from the mother of a new-born infant is rich in oleaginous matter, which contributes to supply the

body with fat; and it is rich in saccharine matter, which is consumed in sustaining animal heat. The former can be eliminated from farinaceous substances only, through the conversion of their elements, to which the feeble powers of digestion in too early life are wholly inadequate. The latter is a product from the amylaceous substances, requiring the presence of saliva for its elimination. From all these facts is it not apparent that cow's milk, in its undiluted form, is too strong for the early infant? that amylaceous foods are wholly unfit for these delicate stomachs, which cannot by any means digest and assimilate them, and as a consequence are a source of irritation, without imparting any thing to the demands of nature? It cannot supply material for its growth or fuel for its fires.

Indigestible substances, when introduced into the stomach, are a source of irritation, and, when continued, result in inflammation, diarrhoea, marasmus and death.

With all due respect for our critic and his anxiety in behalf of the youth of our profession, I would suggest, that he has possibly made some mistake, in collecting his cases, and drawing his conclusions therefrom.

Of course, I cannot and do not wish to deny his statements, and am willing to acknowledge that they are made in all due faith and sincerity. He doubtless believes what he states to be true. But in all kindness, I must say, that in a practice of twenty-four years as a Homœopathist, such cases as he cites would be remarkable exceptions in my own experience.

AMERICAN INSTITUTE OF HOMŒOPATHY.

We trust every member will attend the meeting of the Institute in New York, June 5th. Inquiry may be made of Dr. H. M. Smith, 105 Fourth avenue.

ARUM (ARON) TRIPHYLLUM.

BY GUSTAVUS E. GRAMM, M. D.

This plant belongs to the class of Monocotyledonous or Endogenous plants, to the large, most tropical, family of Araceæ or Aroideæ.

FIRST PROVING.

Prover G. E. Gramm, clergyman, 42 years, sanguine temper, light hair, inclined to take cold; always, after preaching hoarseness, roughness in the throat, and fluent coryza.

November 11, 1865. Sensation of soreness of the tongue, fluent coryza, swelling low down in the trachea, itching of the skin at night while undressing, and in bed when getting warm; stool hard and intermitting.

Took three drops of the third dilution, (Boericke Hom. Pharmacy, Phila.,) at 12 o'clock, noon.

1½ P. M. Pressing pain in the right side of the forehead.

2 P. M. The same pain in the right eye.

2½ P. M. The same pain in the right shoulder and between the shoulder-blades.

4 P. M. Took three drops of the same dilution.

9 P. M. Three drops again.

10 P. M. Low-spiritedness, lassitude; sleep at night restless, with heaviness of the head.

November 12, 7 A. M. Sensation of fulness in the thorax; soreness in the left lung and left upper arm, and pressing pain in the forehead.

9 A. M. Stool soft, painless.

November 13th, 7 A. M. Urgent desire to go to stool, compelling to rise from the bed. Stool watery, dark brown.

1 P. M. No appetite; slight cutting pain in the abdomen;

watery, brown diarrhoea, with eructation of the food. Burning at the anus.

November 14. No stool; feel somewhat better than the day before.

November 15. Pressing headache, worse after drinking hot coffee; irritable disposition; internal swelling of the trachea, first on the right side, afterwards on the left; when pressing against it, painful soreness of the left parotid gland; coryza; stiffness of the neck; cracked tongue, painful, burning. Soreness of the palate, painful when eating or drinking. Pain in the region of the liver, first in front, then in the back. No thirst.

These symptoms remained the same until November 18, improving every day.

November 27. Perfectly well. Took 10 to 20 pellets 10th, (Prof. Lippe's.) 10 P.M., the same dose. Pain on the left margin of the tongue.

November 28. Considerable swelling of the submaxillary glands, left side. Stiffness of the neck, and intolerable pressing headache.

November 29. Terrible pressing pain on both sides of the front part of the head, and heaviness of the eyelids. Pulsatilla 3, one dose, gives relief.

November 30. Return of the pain and swelling to the throat, and of the stiffness of the neck.

6 P. M. Stiffness of the neck somewhat better; but in the left ankle-joint painful sensation as if sprained, so that I was hardly able to walk, with violent pain under the ball of the left big toe.

7½ P. M. Pain in the ankle-joint gone, but the same sensation of spraining in the left knee and thigh, in front. The discharges from the nose are bloody and hardened. The existing internal swelling of the throat seems to move more and more towards the head, and the nose feels swollen internally.

December 1. The soreness of the throat is relieved, but much worse in the root of the nose. Profuse fluent coryza.

December 2. No change in the symptoms since yesterday.

December 3, 7 A. M. Sensation of swelling on the nose. When first blowing the nose, a great quantity of bright red blood was discharged, and then sudden relief in the head and the whole system.

December 4. Well. Stool regular. Appetite better. Mind cheerful.

SECOND PROVING.

September 24, 1866. The same prover. Perfectly healthy. 10 P. M. took 10 to 20 pellets, 10th, (Prof. Lippe's.)

September 25, morning. Considerable internal swelling of the throat in the region of the larynx, especially on the right side. Much desire to swallow, with stitching in the throat. Pressure against it is painful. Mouth very watery.

September 26. Internal swelling of the throat on the right side, better on the left. Diarrhœa, watery.

September 28. Morning, in bed, burning in the throat; better after rising. In the evening tension in the lower eyelids, as if swollen.

THIRD PROVING.

December 24, 1866. The same prover. Perfectly healthy. 6 P. M. took 5 drops 30th (Dr. Boericke's preparation) on the tongue.

Before midnight burning and dryness in the throat; after midnight and towards morning much mucus in the throat, which goes deeper and deeper down by swallowing, and is perceived no more in the morning after rising.

December 25. Scanty but constant discharge of tough mucus from the mouth, with burning in the throat. Giddiness. Headache in the front part and right side of the head.

December 26. Much discharge of mucus from the nose, tough, yellowish, with sensation of approaching swelling in the soft palate, and pressure. Constant desire to swallow.

From morning till evening much water in the eyes, especially in the outer corners, with swelling of the margins of the eyelids. Pain in the joint of the left submaxillary bone as if sprained, when swallowing.

December 27, from 3 to 8 A. M. Four diarrhœic discharges from the bowels, each succeeding discharge more watery.

December 28. In the morning discharge from the nose, with streaks of blood and hardened pieces; during the day, mucus, yellow, thick.

December 29. Better in every respect.

FOURTH PROVING.

Mr. H., 46 years; no employment at the time; dark complexion; choleric; perfectly healthy.

September 28, 1866, 9 P. M. Took 5 drops third dilution on the tongue.

September 25. Frequent sneezing; fluent coryza.

September 26. Nose dry. In the evening shooting headache over the left eye, suddenly repeated, lasting only few minutes at the time.

September 27, morning. Stool soft, thin, yellow. Lips as if scalded with hot soup or coffee. Sensation of swelling in the soft palate, when swallowing. Difficult deglutition, without pain. Obstruction of the nose. Heaviness and dulness in the front part of the head. Shooting pain in the occiput, when turning the eyes upwards.

From 2½ P. M. till evening. Much sneezing, with sensation as if he had taken cold, and repeated chills over the whole body, beginning at the vertex. Nose moist, but obstructed. Much yawning. From noon till evening, repeatedly sudden tearing pain in the right testicle, sometimes distending in the abdomen, but quickly disappearing.

September 28, morning. Rolling in the abdomen, with frequent painful urging to stool. Diarrhœa till noon, like mustard.

Head heavy and dull. Mouth, lips and soft palate sore

and burning. Much yawning, and cold running over the body *at the same hour* as the day before. No pain in the testicles. Watery discharge from the nose, but the nose obstructed. Eyes feel as after shedding many tears.

N. B. The prover remarked he had the same feeling as if getting intermittent fever.

September 29. Nose, lips and face feel chapped, as if he walked in cold wind. Eyes heavy. Dull headache in the upper part of the head; the part feels sometimes cold, as if the cranium were open, without covering. No stool. Much urination. Urine yellow till noon; in the afternoon quite clear. Deglutition difficult.

September 30. Heavy, dull feeling in the head. Eyes always sleepy. No discharge from the bowels.

October 1. Head dull, like yesterday. Soft stool towards evening, with much tenesmus.

October 2. Dull headache. Heaviness in all the limbs, especially in the lower extremities. Much yawning, stretching and sleepiness, particularly in the afternoon. Nose obstructed, compelled to breathe through the mouth. Lips chapped, mouth dry. Thirst, to drink a little at a time. Great heat in the face and head, after noon, with fluent coryza. Towards evening toothache in the left lower jaw, in decayed teeth. Very sleepy, so that he fell asleep sitting in a chair, soon after supper.

October 3. Sensation as if the head and breast were obstructed and full of mucus, but without expectoration. Head like yesterday. Neck stiff. Heat in the face. No thirst. Watery discharge from the nose, but at the same time obstructed, especially in the morning. Stool soft. Much yawning.

October 4. Head, like yesterday. Profuse fluent coryza. Nostrils sore; the left discharges continually. Mouth dry. The lungs feel sore. Voice hoarse. Much sneezing.

Towards evening took one dose of Nitric acid, 200, (Lehrmann.)

October 5. Head feels better. No discharge from the

nose, but it is much obstructed. Mouth dry when awaking; in the morning eyelids glued up.

October 6. Slight dull headache. Nose dry and obstructed. Sometimes dry cough. Stool regular. He feels much improved.

October 7. Feels perfectly well.

FIFTH PROVING.

Mrs. M., 40 years; housekeeping; tall, dark complexion, sanguine; predisposed to throat diseases.

September 24, 1866, 9 P. M. Took 5 drops third dilution (Dr. Boericke's) upon the tongue.

September 25. Much watery discharges from the nose. Cold running over the body at night. Constriction of the throat. Mouth very dry.

September 26. In the morning, when getting awake, cramps in the right leg. Dull, pressing headache, better after dinner. Watery discharges from the nose, and frequent sneezing.

September 27. Cramps in the right leg, after getting awake. Coryza.

September 28. Head dull, full, without pain. Eyes cloudy.

September 29, 4 A. M. Constriction in the throat. Headache better after breakfast. Nose watery. Stool soft, with tenesmus.

September 30. Feels better.

SIXTH PROVING.

The same prover. October 25, 1866. Took 5 drops 30th, (Dr. Boericke's.)

October 26. Profuse discharges from the nose, watery; right side obstructed. Painful boring headache on the right side; in the morning, when getting awake. Appearance of the menses at the usual time, always too soon, but darker.

October 27. Burning pain in the throat all day.

October 28. Throat much worse than yesterday, (some years ago had diphtheria.) Constant scratching and burning in the throat, with desire to swallow. Mouth watery. Giddiness. Obscuration of sight. Much sneezing at night, and constriction of the throat.

October 29. Scratching in the throat; better after drinking hot coffee. Much mucus in the throat, with tickling, compelling to cough. The throat feels very tight. At 10 P. M. stitches in the left temple. Nose watery. Pain in the throat; worse at night, also when coughing.

October 30. Throat better during the morning until after dinner. From 4 to 9 P. M. with flushes of heat, face burning. Pain in the throat worse. Much cough.

October 31, 5 A. M. Throat very sore; much coughing. Tearing pain in the left ear. After breakfast, throat somewhat better. Spasmodic cough. Expectoration of much mucus. At night flushes of heat.

November 1. Throat better. Frequent coughing. Much mucus in the throat. Burning pain in the lungs, when coughing.

November 2, 6 A. M. Frequent coughing, after getting awake. Tenacious mucus in the throat. Violent headache. Pain over the hips. 10 P. M. Much coughing; burning in the throat and lungs.

November 3. Headache. Much coughing, and mucus in the throat. Burning in the lungs, extending to the pit of the stomach. Stitches in the right lung, and under the right shoulder-blade. 4 P. M. Throat very sore. Headache better.

November 4. Feels better in every respect.

November 5. Well.

SEVENTH PROVING.

The same prover. Healthy. Three days after the menses disappeared.

January 16, 1867, 3 P. M. Took 5 drops, 30th, (Dr. Boericke's.)

5 P. M. Stitches in the left side of the throat. 6 P. M. Stitches over the left eye, but soon disappearing. 7 P. M. Burning in the throat, and in the root of the tongue. Stitches in the right temple, and down towards the sub-maxillary bone. Burning of the right ear. Then a shooting pain in the left temple and over the left eye, lasting about five minutes. Then a dull, heavy feeling in the head. Mouth watery.

January 17, 5 A. M. Dull headache. Darting pain in the left temple. Tearing toothache on the left side, but disappearing in about ten minutes. Throat sore, burning at times; then better. Mouth watery. The left side of the nose obstructed. Discharge of much pale urine. Both hands swollen and stiff; better about 6 A. M. Sneezing. 11 A. M. Very sleepy, yawning, sneezing, headache worse, eyes heavy. 11½ A. M. Cutting pain in the region of the left ovary, lasting about one hour. Head better after dinner. Discharges from the nose watery. 7 P. M. Head very bad again.

January 18, 4 A. M. The same cutting pain in the region of the left ovary, but lasting not so long. Head dull and heavy; eyes very heavy. Nose watery. 11 A. M. Sneezing and sleepy. 4 P. M. Sneezing, and much watery discharge from the nose. Nostrils sore. Lips thick, burning, swollen. Throat sore again, burning. Frequent discharges of pale urine.

January 19, 7 A. M. Tearing pain on the right side of the forehead, in the right temple, and ear. Lips better, but dry. Head better after dinner.

January 20. No symptoms.

N. B. Through the particular kindness of the venerable Dr. Jacob Jeanes, I came in possession of probably the oldest proving of *Arum triphyllum*, by himself, which I add here in conclusion.

PRIMARY (EIGHTH) PROVING.

July 19, 1844. Dr. Jeanes.

Smarting of the upper surface of the anterior part of the tongue, without tasting the root, merely from the odor.

Dizziness and fulness of the head, with absence of mind.

Forgetfulness.

Pain in the region of the atlas and dentoid vertebra, and extending to the right side.

Pain in the right hip under the trochanter.

Pain in the middle of the left tibia, where there has been a discolored spot on the skin some years.

Smarting of the eyes.

Pain in the temples, head.

Tickling, itching in the centre of the sole of the right foot.

Raw feeling at the root of the tongue and at the palate.

Dimness of sight, as if a veil were drawn before the eyes, without pain or giddiness; spectacles do not assist the vision. Stinging-pricking in the soles of the feet.

Pain and soreness of the scalp to the touch on the crown of the head.

Evening drowsiness.

CLINICAL OBSERVATIONS.

1. Dr. Jeanes, in Philadelphia, for a number of years, has used *Arum triphyllum* for the particular symptom above alluded to, "quivering of the upper eyelid," with unfailing results.

2. Besides the two cases, which I mentioned above, as reported by Dr. C. Hering, there is an interesting case in the *Am. Hom. Review*, (Vol. III. p. 28,) by Dr. A. Lippe, where he says: "The patient was a boy six years of age. On the 18th, (February, 1861,) he had a bad night, very delirious; the nose had discharged a good deal of thin, watery, ichorous fluid; nose sore, lips very sore, cracked and bleeding, as well as the corners of the mouth; the

mouth felt so sore inside that he was unwilling to drink; tongue red, papillæ swollen and standing up; between the abdomen and the legs sore moist places; the same on the os coccygis; the submaxillary glands swollen; pulse 140, hard and full; voice hoarse. Arum tri. 6 pellets of the 6th, dissolved in half a tumbler full of water, and every two hours one teaspoonful to be given.

On the 19th, slightly better; gave Arum tri.³⁰, which I had freshly prepared, in water, as before. On the 20th, still better; medicine continued every four hours.

On the 21st still more decided improvement; had passed a great deal of very pale urine and hawked up a good deal of mucus. He continued to improve without further medicine up to the 13th of March, when he was seized with violent coryza, nose much stuffed up. Nitric ac.²⁰⁰, etc.

3. Another case in Dr. Lippe's practice. After Scarlatina and during desquamation, a patient, 40 years of age, red hair; to whom were administered Bell., Lach. and Lyc., who suffered for years with piles and chronic sore throat; at night after lying down mucus in the trachea, which caused tickling and cough, without expectoration, and no sleep until towards morning, with increasing hoarseness. After difficult stool burning at the anus.

Arum tri. relieved immediately; patient slept the whole night; stool without difficulty; hoarseness entirely gone the next day.

COMPARISON.

A number of characteristic symptoms of Arum triphyllum we find in the "Text Book of Materia Medica, by Professor Adolph Lippe." And in reference to a comparison with similar symptoms of other remedies has this eminent author, in his excellent article in the "Hahnemannian Monthly," (Vol. II., No. 1, p. 23,) sufficiently informed us, of which in conclusion I give a short extract.

1. Arum tri. Nose: Discharge of an ichorous fluid ex-

coriating the nostrils and upper lip; stuffed up; breathing with the mouth open.

Amm. mur. Discharge thicker; more soreness inside; stuffed up either only during the night or only on one side.

Castor. Discharge watery and acrid, with violent tearing, pain at the root.

Kali hydr. Discharge very similar, but with soreness of the tongue and mouth, and without pytalism.

Lyc. Discharge similar, with headache, and much heat and thirst at night.

Mez. Discharge generally slightly streaked or tinged with blood.

Nitric ac. Discharge similar, with cough, hoarseness and pricking pain in the throat, when coughing or swallowing.

Sil. Discharge similar; but the nostrils readily bleed from the soreness.

2. *Arum tri.* Buccal cavity: tongue and throat are so excessively sore and burning, that every offer of drink is vehemently refused.

Kali hydr. Ulcerated tongue and mouth with soreness and without pytalism; food and drink are refused on account of the great pain caused by the ulcerated condition.

Amm. mur., Cast., Lyc., Nitr. ac., Sil., have no sore mouth in the least similar to that caused by the *Amm. tri.*

Lyc. Burning blisters on the tip of the tongue.

Nitr. ac. Stinging, pricking ulcers.

3. *Arum tri.* Red, sore tongue, the papillæ elevated.

Arg. nitr. Very similar; the papillæ are prominent and erect, and feel sore; red, painful tip of the tongue, or the papillæ are erect and painful only on the left side of the tongue, or on the left margin of the tongue, where they form red, painful blotches.

Croc. Elevated papillæ, while the tongue is white.

Tart. em., Pothos f., Merc. bijod., Lach., have also elevated papillæ, but not in any combination similar to that of *Arum tri.*

4. *Arum tri.* Excessive salivation; the saliva is very acrid.

Merc. per. Very similar, but have no other similarity with *Arum tri.*

5. *Arum tri.* Lips swollen, cracked; the corners of the mouth sore, cracked and bleeding.

Merc., Bry., and others.

6. *Arum tri.* In combination with the above symptoms of the buccal cavity, lips and tongue, also a swollen bloated face, swelling of the submaxillary glands, and an excoriated sensation in the throat, impeding deglutition. Malignant scarlet fever.

Lyc., Nitr. ac., Amm., Merc., Sil.

FOREIGN NEWS.

THE INTERNATIONAL HOMŒOPATHIC CONGRESS.—At the last meeting of the Société Médicale Homœopathique de France it was decided that an international Congress of Homœopathic practitioners shall be held in Paris during the Exhibition. The sittings are to commence on the 9th of August, and to terminate on the 14th.

NOTE BY THE ED.—Does any body know what arrangements have been made by the S. M. H. with “Bismarck” to insure a *peaceable* meeting of the different nationalities at Paris during the month of August next?

The controversy on such trivial matters as the prescription for names of diseases as the truly Homœopathic treatment is all settled; these and other trivial matters have long since been proved to be erroneous. Controversy is not only useless, but, so far as the progress of Homœopathy is concerned, injurious, and, continue the learned editors of the Monthly Homœopathic Review, No. 4, Vol. II., page 229: Believing that papers of this class tend to deter Allopathic practitioners from investigating Homœopathy—that they are stumbling blocks in the way of its study—other pages than those of our *Review* must in future be their medium of publication. And so another medical journal has closed its pages against Hahnemannians; but may the learned editors take notice that while one of them has hoodwinked a New York Homœopathic College, there are still a large, rapidly increasing number of Hahnemannians on hand to outlive and denounce such doctrines as are held and defended by said Review. At our leisure we shall have to say a few words to the Monthly Homœopathic Review about some of those *trivial* matters.

L.

PHILADELPHIA HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY

ROBERT J. McCLATCHEY, M. D., SECRETARY.
BUSHROD W. JAMES, M. D., SCRIBE.

In consequence of the exceedingly bad state of the weather, the March meeting of this Society was not well attended, but few members being present. Dr. O. B. GAUSE, Vice-President, presiding in the absence of Dr. GARDINER.

The minutes of the last meeting were read and approved.

Drs. V. R. TINDELL and M. M. WALKER, were elected to membership.

In accordance with a provision of the By-Laws, nominations were then made for the various offices to be filled at the annual meeting in April.

On motion of Dr. O. B. GAUSE, seconded by Dr. JACOB JEANES, the thanks of the Society were tendered to the Secretary and Scribe, for the faithful manner in which they had attended to the duties of their offices, and for recording and publishing the proceedings of the Society.

Dr. BUSHROD W. JAMES then introduced to the notice of the members of the Society some new patent hard-rubber or *vulcanite* splints, rendered plastic by the application of heat, and explained and demonstrated the manner of their adjustment.

There being no regular subject for discussion and no paper to be read,

Dr. JEANES, made a few remarks on the *facts* and *theories* of *Homæopathy*, intending at some future day to write an essay on the subject.

Dr. JEANES thought facts were of the utmost importance, and their observation the duty of men of science. The comments of opinion are washed away, while the record of facts remain. The question is, what are facts? We may say we know that we exist, and the question may be asked, How do we know? We may reply with Spinoza: *Cogita ergo sum*, and perhaps it would be more true to say *sum ergo cogita*. The facts that we know, time will confirm. The opinions we form thereon time may blot out. We must, however, attend to the proper observance of facts. Inquire steadily, what are the facts, and then the science of medicine will be a progressive science.

Dr. O. B. GAUSE asked, in relation to some of the remarks of Dr. JAMES, whether, in saying that remedies cure diseases similar to those that they will produce, the Doctor meant that in the proving of medicines disease is produced?

Dr. JAMES replied that he did.

Dr. GAUSE. I have always thought that merely *symptoms* were produced—simply conditions. I never thought that Belladonna produced Scarlatina, or that any remedy produced Necrosis. In fact, I think there are not many things that should be called disease. Health is a condition, and what is called disease is an absence of that condition. If I go without my hat I will have a discharge from the nose. I do not call this a disease, but a condition.

Dr. JNO. K. LEE said that when every part of the human organism performs its appropriate function, and, like a piece of well-regulated

machinery, all move in beautiful accord and unison, we have a condition which we denominate health; whilst, on the other hand, when this harmonious action is disturbed and one or more organs fail to discharge their natural office, we have an abnormal state which we term disease.

The causes which are capable of producing these disturbances are as innumerable and various as the circumstances and elements which surround us. Thus the air which is necessary for respiration, the food required for our sustenance, and the heat which warms and vitalizes, may each become the vehicle of disease as well as the promoter of health. Likewise the drugs which constitute our *Materia Medica* possess this twofold power of deranging the complex mechanism of the human system and restoring its normal action.

This attribute or property of matter forms the very basis of our provings, and each day reveals some latent virtues of some curative agent hitherto unknown. That what we style remedies are capable of inducing disease, we need but to refer to *Necrosis*, produced by *Phosphorus*; *Grangrene*, by *Ergot*, and *Slow Fever*, *Marasmus*, *Colic* and *Paralysis*, engendered by the noxious exhalations of *Arsenic*.

Dr. LEE objected to that blind adherence to the dicta of Hahnemann, that would adopt all his inferences, however untenable, and proscribe all others who are unwilling to render the same unquestioning homage. His writings are public property, and should be subjected to the most rigid criticism. Their doctrines should be examined in the light of reason and experience, and, if erroneous, should be discarded as unworthy of our confidence and support. All must concede to him the high honor of discovering and developing the cardinal principles of our science; and, with these as the immutable basis of an unadulterated Homœopathy, it is our sacred duty to detect and eliminate error wherever found, and seek constantly to augment her resources for good.

Dr. C. S. MIDDLETON said that he was of the opinion of Dr. JAMES, that medicinal substances produce, in proving, actual disease, even when not taken in poisonous doses, by too free or too long-continued use. Thus *Delirium Tremens* is certainly a disease, and a very common one, often resulting in death, or permanently altered condition, engendered by too large or too long-continued doses of spirituous liquors.

Dr. BUSHROD W. JAMES advanced the idea that in developing our science we seem to dwell upon one or two points to the neglect of others equally important, if not of more real value to us. For instance, great weight is attached and much time consumed by some members of our school of practice in obtaining the minutest possible dose of the remedy. Medicines are sought to be divided to an extreme degree of minuteness by being run up in the attenuations to an unlimited degree. There must be a point where the divisibility of a drug ceases, and this, no doubt, varies with the nature of the drug itself; some being at a higher point than others. But to all there must be some final termination, and we do not seem to be arriving at any thing satisfactory in determining this matter. We should, for the sake of certainty and accuracy, have some fixed limit. Hahnemann desired this himself, for in a letter to a colleague, written in September, 1829, he says: "I do not approve of your dynamizing the medicines higher. There must be some end to the thing; it cannot go on to infinity. By laying it down as a rule that all Homœopathic remedies be attenuated and dynamized up to thirtieth dilution, we have a uniform mode of procedure in treatment of all Homœopaths, and when they describe a cure we can repeat it, as they and we operate with the same tools. In one word, we would do well to go forward uninterruptedly in the beaten path. Then

our enemies will not be able to reproach us with having nothing fixed, no normal standard."—*But. Jour. Hom.*, vol. v., p. 398.

Dr. JAMES thought we should investigate disease more; not diseases for the mere names which are attached to them; but to take the symptoms of a patient, and be enabled to look through these symptoms to the pathological state of the patient, and thus, not simply to see a few symptoms as such, but to understand both these and the structural derangements from whence they are produced.

Now it will be found that those who are engaged in investigating symptomatology and in forwarding the high attenuative notion, almost entirely neglect and ignore pathology proper. The external signs and evidences, called symptoms, seem sufficient for them, without caring to know what actual state of the structures or tissues may have existed to give rise to these symptoms.

We seldom see any pathological reports by Homœopathic physicians, or the recorded results of *post-mortem* examinations, while it is well known that every practitioner is constantly meeting with odd and anomalous cases in his practice. These cases should be carefully noted, and, if such prove fatal, the *post-mortem* appearances should also be taken down. For it is not generally very difficult to obtain the necessary permission from the friends to hold such an examination over the case, if the physician would but make the effort. But in our thirst after symptoms, we almost discard pathology, and leave it for the old school to develop. We should not disregard pathological conditions; both those discoverable during life as well as those revealed by *post-mortem* examinations; if we do, we are led into error in many instances in understanding our cases. Some symptoms are incurable, and properly conducted pathological investigations assist us in distinguishing curable from incurable symptoms.

In proving drugs, as well as in treating cases of disease, it is of great value. As an illustration, we find under our remedies "head symptoms," and, under some we have mentioned, giddiness, roaring or noises in the ears, pain, fulness or throbbing about the head, or weight on top of the head, and other symptoms which are often all put down under one term, "Vertigo." Now, in treating the sick, we often meet with just such symptoms. Disregarding pathology, we would give the corresponding therapeutic remedy instead of looking into the external meatus of the ear, where the sole cause might be found in some substance such as hardened cerumen impacted therein, pressing against the delicate membrana tympani, or it might be an inflammation of the external ear and of this membrane. We very frequently have symptoms simulating inflammation of the brain arising from a simple inflammation of either the external or internal ear. We should take the pathological condition more thoroughly into consideration in examining our cases.

Dr. JNO. C. MORGAN thought that in the provings of drugs we should note all the symptoms which nature utters—the objective as well as the subjective—then, in natural disease, the former will be as valuable to us as the latter, which is not the case at present. If chest symptoms be developed, auscultation and percussion should be applied and the results recorded. The secretions of the mucous membrane should be tested with litmus and turmeric paper; the urine, blood, etc., should be subjected to chemical and microscopical tests for all the known anomalies to which they are liable. In this way our provings would double in value, not only to ourselves but to the whole medical world, which would then bow to us as the acknowledged exponents of the *Materia Medica*; and its relation to a true pathology would be demonstrable. It may be contended by the fanatical or the igno-

rant, that there is no possibility of reconciling pathology with the truths that Hahnemann taught, and, on the other hand, some who seem wise place it above and before them. But in this matter, as in all others, the "golden mean" is the safe position. Let both Homœopathy and Pathology rise to their destined perfection and their relationship will no longer be questioned. Until then, our business is to cultivate both. The utility of Pathology to the Homœopathic profession may be illustrated by a case received some years ago into Pennsylvania Hospital. The man spoke only the Swedish language; no thorough examination was made, and on the next night he died in the water-closet, evidently of congestive fever. A careful application of Pathology—of objective symptoms, selecting the simillimum, might save life in such a case.

It is said of Skoda that he forms his diagnosis by the objective symptoms alone. This is one extreme, but it is worse to deny their utility. Nay, the very name, congestive fever, means death in a few hours or days, if unrelieved, and is pregnant with a whole list of important symptoms. Similar remarks apply to other diseases. A case may be mentioned to illustrate the value of pathological or toxical effects of drugs to Homœopathy. The case of chronic orchitis cured by *Cubebs*, 30th, as reported in the Hahnemannian Monthly, received that medicine, because years ago he witnessed a similar condition, running on to atrophic softening of the testicle, evidently from the persistent use of that drug in large doses, for gonorrhœa.

At this point, ten o'clock having arrived, the Society adjourned.

ANNUAL MEETING.

The annual meeting of the Society was held on Thursday evening, April 18, in the Homœopathic College.

The minutes of the last meeting were read and approved.

The report of the Treasurer, Dr. A. H. Ashton, was read, accepted, and ordered to be filed.

Drs. A. R. Thomas, J. J. Garvin, Gustavus E. Gramm, L. G. Vinal, and Wm. C. Harbison were elected to membership.

The following preamble and resolution were offered by Dr. C. S. Middleton:

"Whereas, it has undoubtedly been the misfortune of every practicing physician to meet with wilful delinquents and dishonest patients, whereby he has not received a great amount of the honest earning which should have requited his toil, anxiety, and success; therefore be it

"Resolved, That we, the members of the Homœopathic Medical Society of the County of Philadelphia, form a Physicians' Protective Union, for the purpose, in a great measure, of compelling better remuneration to ourselves from those who would wilfully wrong or cheat us of our due."

It was moved that the preamble and resolution be adopted and their further consideration postponed until the next meeting.

The following resolution was adopted:

Resolved, "That a committee of five be appointed to take into consideration the subject of a proper medical, surgical, and obstetrical fee-bill for the Homœopathic profession in this city, and report to this Society."

In view of the fact that the annual session of the Pennsylvania State Homœopathic Medical Society will be held in this city in June, the following committee, to make arrangements for the meeting, was

appointed, viz.: Drs. B. W. James, R. J. McClatchey, Richard Gardiner, H. N. Martin, J. H. P. Frost, and Jno. G. Houard.

Dr. RICHARD GARDINER, President, then delivered the annual address to the Society, presenting an elaborate and interesting essay on the "Dignity of the Medical Profession."

On motion, the thanks of the Society were extended to Dr. Gardiner for his address, and a copy thereof requested for deposit in the archives of the Society, or for publication.

According to a provision of the by-laws, at nine o'clock, the election of officers for the ensuing year was proceeded with, with the following result:

President—Dr. Richard Gardiner.

Vice-President—Dr. O. B. Gause.

Treasurer—Dr. Adolphus H. Ashton.

Secretary—Dr. Robert J. McClatchey.

Scribe—Dr. Bushrod W. James.

Censors—Dr. Jacob Jeanes, Dr. W. Williamson, Dr. S. S. Brooks.

Committee on Proving—Dr. Jno. G. Houard, Dr. Adolph Lippe.

Dr. J. H. P. FROST then read an able and interesting paper on the *Materia Medica*. (The paper of Dr. F. appears elsewhere.)

This meeting was well attended, a large number of the Homœopathic physicians of this city being present, and the Society is evidently in a vigorous and flourishing condition.

ANNUAL MEETING

OF THE

CENTRAL HOMŒOPATHIC ASSOCIATION OF MAINE,

HOLDEN AT WATERTVILLE, APRIL 16, 1867.

The President, Dr. Payne, in the chair, and a good attendance of members present.

Drs. C. A. Cochran and I. S. Hall were elected members.

Awaiting the arrival of some of the members, Dr. Thompson requested Dr. Payne to give his experience in the use of ice, after the method of Dr. Chapman.

Dr. PAYNE: I have had little experience in that direction. I have only used it when I have failed to find the appropriate remedy. I regard it as only an *expedient*, and never allow the use of it to take the place of a careful search for the remedy. Have used it in some cases of spasms of children, applying it in the cervical region, near the base of the brain, and in dysmenorrhœa with spasms, applying it in the lumbar region. The effect has usually been to control the spasms in a short time. I regard the application as only palliative and expedient, yet would not be without it. Have applied it also to the sacrum in cases of chronic cold feet, with immediate and permanent results. I never apply ice to the head—regard it as unsafe.

At the request of Dr. Thompson, Dr. Williams gave the result of his observation of the vacuum treatment.

Dr. WILLIAMS: I have observed the effects of it only in the practice of Dr. Starkey of Philadelphia. He regards it as useful in cases of paralysis and of neuralgia, and in those cases only. I saw there some

striking cases of paralysis which had been greatly benefited under a short course of treatment.

Dr. Williams gave the details of some cases.

Dr. PAYNE then read an able and interesting report on alternation, taking the ground, that in cases resulting from the action of two or three miasms, as from Psora, Sycosis, and Syphilis, each occupying, as it always does, its favorite situations in the body, a remedy would be required for each miasm during the treatment of the case, and they might require to be given in alternation. The report was adopted with a vote of thanks, and a copy requested for publication in the Hahnemannian Monthly.

Dr. BELL: It seems to me that this question can only be decided, in accordance with the principles of induction, by an appeal to fact. Granting the *theoretical possibility* that in the case of the ascertained existence of two or more miasms in the patient, the two or more remedies required may need to be given in alternation, it is by no means *proven*. If two remedies, necessary to cure a given case, have first been given singly, each being carefully selected for the predominant symptoms, and have failed to produce the proper effect, and the same two remedies, given in alternation so afterward succeed in producing the curative effect, I will accept this as weighty evidence. Of such evidence I have heard and seen none. The necessity of alternation by no means logically follows from the premises of Dr. Payne. He has only proven the necessity for the use of two or more remedies in the treatment of many cases of disease, a fact that is denied by no one, as far as I know.

Dr. PAYNE: I am as far as any one from recommending or defending alternation, *a priori*. This giving of Acon. in one tumbler and Bell. in another in rapid alternation, as often practised, and other remedies in the same way, I most strongly disapprove. What I claim to prove is, that alternation *may be*, and in some cases must be rendered necessary by the existence of miasms in the patient, both active at the same time, occupying each its favorite regions, and requiring each its proper remedy. I regard disease as a unit. For each uncomplicated disease there is one remedy capable of producing an exact picture of the disease from its beginning to its close. Two such diseases, existing at the same time, will not mingle or become one, to be extinguished by a single remedy. Syphilis can never be affected by an antipsoric. In a case of acute disease psoric symptoms will often be developed, requiring the intercurrent or alternate use of an antipsoric, with a remedy for the acute attack. Chronic diseases and acute diseases are essentially different, requiring, though existing together, essentially different remedies.

Dr. BELL: The remedy for an acute disease, modified in its symptoms and course by a psoric taint in the patient, may often be an antipsoric only. That being properly selected according to the symptoms, will remove the psoric foundation, and the accidental superstructure resulting from outward causes, such as cold, &c., will fall of itself.

Dr. PAYNE: That is very well, whenever it can be done; but I think you will often have to return to your Acon., for instance, after using your Sulph., for example, sometimes repeating both in alternation. I have found it so.

Dr. THOMPSON: I would ask Dr. Payne if the psoric theory can be sustained on scientific principles.

Dr. PAYNE: I have no doubt that it is true.

Dr. THOMPSON: I think it very difficult to distinguish between the constitutional symptoms of Sycosis, Syphilis and Psora.

Dr. PAYNE: You will find the symptoms of Psora very clearly given by Hahnemann in the Organon. A frequent study of that picture of Psora will enable you to readily distinguish it, and it is a great aid in prescribing.

Dr. THOMPSON: What is your treatment of itch?

Dr. PAYNE: I use no external application. I have rarely seen curative effects from the administration of Sulph. I more often prescribe Calc. c., beginning with the 200th, and descending, if repetitions are necessary, to the 30th and 3d. Have been treating a case recently, a child—cured in four weeks with Calc. c. 200, one dose every three days. When large pustules exist Causticum is required.

Dr. WILLIAMS: In cases which have been previously domestically treated with sulphur, I have found Croc. tig. 6th an excellent remedy.

Dr. THOMPSON: Are you sure the sulphur previously used did not cure the case?

Dr. WILLIAMS: No. I am sure of nothing but death and taxes, but I see no reason to think it did.

Dr. THOMPSON: I would ask Dr. Payne why he uses no sulphur externally. What injury can it do?

Dr. PAYNE: It will produce repercussion, a seeming cure, with remote unpleasant results in the form of chronic disease.

Dr. THOMPSON: I have seen no such results; and my treatment for all kinds of itch, including camp-itch, is the anointing at night with an ointment, consisting of one-half sulphur, and washing it off in the morning, and the use of Sulph. 3d internally several times a day. The cases are cured in a few days.

Dr. PAYNE: Why do you give Sulph. internally?

Dr. THOMPSON: I am not certain it does any good, except as a placebo. People have an idea that they must do something to "keep it out." I don't know but they get enough by absorption. In the advanced stage, with pustules, I use Fowler's solution internally, and apply it externally, a teaspoonful to a pint of water.

Dr. PAYNE: Do you find any such symptoms under Ars.?

Dr. THOMPSON: I don't know as I do.

Dr. PAYNE: Two cases gave me much trouble. They were daughters of a prominent gentleman. In spite of remedies carefully selected the cases advanced to the pustulous form, covering the fingers and hands and soles of the feet. Each finger had to be done up separately, and they could not use the hands at all. Merc. 3 and 30 had no effect. At last I gave Merc. sol. 1000, and they got well almost immediately.

Dr. THOMPSON: I always question, in such cases, about the effect of what has been used before.

Dr. PAYNE: I know of no other way than to take the accepted mode of deducing testimony common to courts of law. I do not wish to be understood as saying that I am always thus successful, or always use the highest potencies. I use the whole scale up to the 50,000th.

Dr. PULSIFER: Do you wash your hands after handling the itch patient, to get rid of the contagion, or is it sufficient to give him Calc.? *i. e.*, is the acarus the cause of the itch?

Dr. PAYNE: They are the result of disorganization. Cure that and they die. Whenever disorganization commences, reorganization does the same, in the form of low vegetable or animal life. Worms cannot exist unless there exists a constitutional condition favorable to them. Remove that and they die, and the same with the acarus.

Dr. PULSIFER: The Old School do not believe that.

Dr. BELL: Hebra, of Vienna, one of the chief authorities of the Old School, teaches that the numberless vesicles and pustules, in all cases of itch containing no acarus, are not the result of any constitutional infec-

tion, but from the irritation caused by the patient scratching. Do you believe that?

Dr. PULSIFER. No.

Dr. THOMPSON (to Dr. Payne): Do you believe that Merc. 1000 cured those cases?

Dr. PAYNE: Yes; if any cases are cured.

Dr. WILLIAMS: I had a case of a girl who was treated domestically for an eruption on the hands, causing it suddenly to disappear. Some time afterwards the feet began to swell quite quickly. The swelling was white at first, then became red, then black and blue, like a bruise. I thought it the result of the repercussed eruptions. What do you think?

Dr. PAYNE: I think it quite likely.

Dr. BELL: I was consulted in the case of a boy having enchondroma of the ethmoid bone, filling the nose and left orbit, and completely dislocating the eye. I was called to see him shortly afterwards. He was suffering with acute pains over the orbit, worse in the afternoon from motion and light, better from external heat. Bell. 4000 gave decided relief as often as repeated, but the relief was not permanent. With but little hope of giving much relief, I inquired of the mother if he had ever had any eruption driven in. She remembered and described an eruption, consisting of thick crusts, having thick pus underneath, and occurring all over the body when he was an infant, and cured by external applications. A few doses of Mez. 200 gave immediate and permanent relief, and from a weak and cachectic condition, which had for some time existed, he grew strong and active, and remained so a year, when the tumor, which had continued to grow, caused quite sudden death, by breaking through into the brain. Mez. was given because it was the remedy for the eruption.

Dr. PAYNE: That shows the importance of obtaining a full history of cases, and of prescribing, not only for present symptoms, but for those which have long since disappeared.

At the request of the association, Dr. Williams presented his unfinished report on Diphtheria. The report was recommitted, with a vote of thanks.

Dr. COCHRAN: I had a case similar to one cured by Dr. Williams with Kali. bich. 200, affecting wholly the left side, with shooting pains into the ear, which was quickly cured with Lach. 200.

Dr. PAYNE: I had a troublesome case, which a brother physician thought would die. It began on the right side, with pains extending into the ear, and the throat looked as though it had been seared with a hot iron. Lyc. 200 cured it promptly.

Dr. COCHRAN has never lost a case of Croupous Diphtheria under the use of Kali bich., Merc. prot. and Bromine in the 1st Dec. att.

Dr. PULSIFER: With the same remedies, regards it as a dangerous disease, but has lost few cases. Drs. Payne and Bell, with the use of the same remedies, and others, in low and high potencies, think the proportion of recoveries small. Dr. Payne cured one case with Spong. and Hep. high.

On a ballot for officers the present incumbents were all re-elected.

Appointed and continued the following:

Dr. Williams, on Diphtheria; Dr. Cochran, on Dysentery; Dr. Pulsifer, on Typhoid Fever.

Adjourned to meet at Augusta, Tuesday, July 16, 1867.

JAMES B. BELL, *Secretary.*

HALE ON ABORTION.

At the request of the author, I have replaced the original paragraphs by those given below, for the reason that the original was, from its faulty wording, liable to misconstruction, and did not clearly convey the doctrines that were intended to be inculcated.—*Publisher.*

I cordially and sincerely subscribe to the elevated doctrines above enunciated by my eminent colleague, especially in so far as they relate to the destruction of the impregnated ovum, without good and sufficient cause.

I may, however, be allowed to differ somewhat from some of the profession, in relation to the propriety of inducing abortion or premature labor, when certain dangerous diseases and conditions exist.

I hold that in no instance should the *life* of the mother be *sacrificed* to save that of an impregnated ovum, at any period of pregnancy.

I hold, also, that no disease should be allowed to reach such an extreme as to place the mother in *imminent danger* before the induction of abortion or premature labor is resorted to; *provided always*, that we conscientiously believe gestation to be the cause of such disease.

Both medical and legal authorities still differ as to the relative importance of the embryo, before and after the date of "quickening," and before and after the date of "viability." In the present advanced state of physiological knowledge, however, we cannot believe otherwise than that the *impregnated ovum at any date is a human being.*

Viewing the matter in this light, we cannot do otherwise than designate the necessary or unnecessary destruction of the embryo at any date after conception as *murder.*

For the conscientious physician this deduction must be unpleasant in the extreme, and we do not wonder that there are many who shrink from a duty to which is attached such a repulsive and criminal name.

Is it not time that the truly representative lawgivers, theologians and physicians of the world should, after due consideration, agree upon some humane law, to be generally enacted, which shall correctly define the designation to be applied to the necessary destruction of the impregnated ovum, as well as to its wanton and *criminal* destruction? Is it not time that one uniform, just law should exist in every country, which, while it punishes sufficiently the criminal destroyer of the impregnated ovum, shall also protect the honorable physician in all cases, in the discharge of a most disagreeable duty, and give such duty a less terrible name than *murder*?

It is interesting and curious to note, in this connection, that while *we* carry the criminality of abortion back from "full term" to the period of *impregnation*, the laws of the ancient Hindoos carried the criminality of the deed back to the period of *ovulation*, and believed the voluntary loss of an *unimpregnated* ovum was a criminal act.

According to Robertson, early marriages in India were obligatory, in consequence of an ancient theory of generation much resembling the latest modern ovarian theory. It was taught that if an unmarried girl had the menstrual secretion in her father's house, he incurs a guilt equal to the destruction of the *fœtus.*

MAINE HOMŒOPATHIC MEDICAL SOCIETY.

Pursuant to a call issued by the Central Homœopathic Medical Association of Maine, there was holden in the City Council room at Augusta, on the 15th of January, 1867, a convention to organize a State Society.

There were present the following members of the Homœopathic medical profession:

Wm. E. Payne, Bath; M. R. Pulsifer, Ellsworth; Chas. H. Burr, Portland; M. S. Briry, Bath; Jas. W. Savage, Wiscasset; Nathan Wiggin, Rockland; John Esten, Rockland; Geo. R. Clark, Portland; James B. Bell, Augusta; Wm. L. Thompson, Augusta; Sumner H. Boynton, Skowhegan; H. B. Eaton, Rockport; Francis H. Roberts, North Vassalboro'; J. H. Barrows, Gardiner; B. L. Dresser, Searsport; J. M. Blaisdell, Bangor, and N. G. H. Pulsifer, Waterville.

The Convention was called to order by Dr. Pulsifer, of Waterville, and, on motion, Dr. Pulsifer, of Ellsworth, was chosen temporary chairman, and Dr. Bell temporary secretary.

Prayer was offered by Rev. D. B. Randall, of Augusta.

On motion, Drs. Thompson, Burr, Eaton, Esten, and Blaisdell were appointed a Committee on Permanent Organization, and Drs. Payne, Bell, Burr, Dresser, and Boynton, a Committee on Constitution and By-Laws.

The Committee on Constitution and By-Laws having attended to their duty, the Constitution and By-Laws, as reported by them, were adopted by the Convention.

The Committee on Permanent Organization reported the following officers, which were duly elected by the Society:

President—Wm. E. Payne, M. D.

Vice-Presidents—Chas. H. Burr, M. D.; H. B. Eaton, M. D.

Corresponding Secretary—James B. Bell, M. D.

Recording Secretary—N. G. H. Pulsifer, M. D.

Treasurer—Wm. L. Thompson, M. D.

Censors—E. Clark, M. D.; Geo. P. Jefferds, M. D.; Dr. Bradford Sr.; M. S. Briry, M. D.; M. R. Pulsifer, M. D.

Drs. Bell, Boynton, Wiggin and Dresser were appointed a Committee on Clinical Medicine, and Drs. Geo. R. Clark, Esten, and Roberts, a Committee on Materia Medica.

The Society voted to meet in Portland on the 23d of May next, and Drs. Dodge, Burr and G. R. Clark were appointed a Committee on Preparation.

N. G. H. PULSIFER,

Recording Secretary.

NECROLOGY.

Died, in this city, April 19th, CHARLES A. LEECH, M. D., aged thirty-three years.

A full obituary notice of our friend and brother will be given in the June number of the Monthly.

THE
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No. 11.

REPORT ON ALTERNATION.

BY WILLIAM E. PAYNE, M. D.

To the Members of the Central Homœopathic Association of Maine.

GENTLEMEN:—Your committee took occasion in 1853 to say a few words to the profession, through the Philadelphia Journal of Homœopathy, on the alternation of remedies in Homœopathic practice; and again in 1858, in compliance with a vote of the American Institute of Homœopathy, he made a report to that body on the same subject. The views presented on these two several occasions have undergone no radical change in the mind of your committee. He might, therefore, very properly refer the members of this Association, for his present views, to the papers above indicated. But on reflecting that the publications containing those articles may not be accessible to all the members of this Association, he thinks it may be better to proceed formally with the duty assigned him for this occasion, if only to repeat, in substance, what he has before said. This subject has been handled latterly in the American Homœopathic Review, the London Homœopathic Review, and in the Annals of the British Homœopathic Society, with great ability;—able pens have been

employed on both sides; and it would seem, in viewing the subject from nearly every conceivable stand-point, that the arguments *pro et con* have been nearly or quite exhausted. Still it seems to your committee that there is a stand-point from which the subject has not been viewed—which the controversy has not touched, or if at all, only incidentally. It will be our purpose, therefore, in the fulfilment of the duty which you have imposed, to indicate what seems to us to be the true ground from which all argumentation should proceed, and upon which the question must be, if ever, settled.

The established principles of Homœopathy obviously point to a single remedy in every, and all uncomplicated cases of disease. This great truth underlies the whole fabric, and clearly accords with the teachings of Hahnemann; and were the organism incapable of being affected at the same time by two or more distinct and diverse morbid causes, it would be difficult to conceive how the employment of more than a single remedy could ever be required in a single case. Upon the question then, Can two or more distinct and diverse diseases coexist in the system in a state of activity? it seems to us should hinge the whole discussion.

From the earliest records of medicine, diseases have been divided into two great classes, called acute and chronic. An acute disease was regarded as the antithesis to chronic, that is, so far as duration and severity were concerned; and it was so named from the rapidity of its course, and the severity of its symptoms; while a chronic disease was so named from its slow progress and long duration: and thus duration and severity were regarded as constituting the only difference between acute and chronic diseases. It remained for Hahnemann to point out the real distinction. He, it is well known, teaches that chronic diseases have a threefold origin in what he terms miasms, viz., the psoric, the syphilitic, and the sycotic;—that a disease originating in either of these, unlike an acute disease, is not self-

limited and under control of the healing powers of the system, but, left to the unaided efforts of nature, will remain in the system throughout the longest life.

Now are not each of these morbid, disease-begetting agencies a unit or individuality? And can they, by any known laws of pathogeny, be transmuted into each other, or so far combine or coalesce as to become a hybrid unit or individuality? Hahnemann says that he is convinced, from long-continued observation and accurate experiments, that these diseases do not amalgamate, but that they exist separately in the organism, each occupying the parts that are most in harmony with its nature. Does not this deliberate conclusion of Hahnemann accord with the observations of the profession generally? We think it does. The question now arises, Can the individual organism be occupied by two or more of the above-named morbid agencies, in a state of activity, at the same time? Bearing directly upon this point, Hahnemann says, the treatment of syphilis is difficult only when it is complicated with psora. Sometimes, but rarely, he continues, syphilis is complicated with sycosis; this is the case only when there is the additional complication with psora. The coexistence of these three diseases is undoubtedly rare—so very rare as to seldom furnish occasion, in practice, for the concurrent employment of three remedies. In the course of a long and extensive practice, Hahnemann saw only three cases of this triple combination; and the course and order of treatment laid down by him is, “first to annihilate the psoric miasm by the employment of the indicated antipsorics; then the remedies for sycosis are to be used; and lastly, the best mercurial preparations against syphilis. These different orders of remedies are to be employed *alternately*, if necessary, until the cure is completed.”

The conclusion then is, both from enlightened reason and trustworthy testimony, that the organism may be occupied by, at least, three individual morbid agencies at the same time: and the conclusion is just as legitimate, it

seems to us, founded upon the acknowledged principles of Homœopathy, that three remedies, at least, will be required to perform the cure—one for syphilis—one for sycosis, and one or more for psora; and that these remedies must be administered in rotation, and, if necessary, in *alternation*, according to the recommendation of Hahnemann.

But the coexistence of psora and syphilis is much more common than the triple combination above spoken of, and furnishes, in practice, more frequent combinations for *alternation*. Hahnemann says that these two diseases, being dissimilar, never can annihilate each other:—together they present a complication very difficult to cure. Though each disease is, in and of itself, distinct, occupying the particular region of the organism most appropriate to its individuality, yet, by this co-operation, the vitality becomes more and more oppressed, and the case more and more difficult of cure.

How, then, is the cure to be effected? Homœopathically, responds the master. Will the remedy that covers Homœopathically the psoric symptoms, cover also, Homœopathically, the syphilitic? Again the master answers, no! this is not Homœopathy. "The cure," he says, "is effected in a very complete manner, by administering *alternately*, and at the proper time, mercurials and antipsorics, each according to its appropriate dose and preparation." Here, again, we have the example and sanction of Hahnemann for *alternation*, based, as before, upon the presence of distinct diseases, "existing separately in the organism."

The following illustrative case passed through our hands several years since; and the difficulties attending its successful treatment made a deep and lasting impression on our mind, furnishing ground for a good deal of subsequent reflection, as well as an incentive to a renewed study of both the organic and chronic diseases. The disease for which treatment was sought and instituted was syphilis. The case in the beginning was simple chancre, managed

according to accredited Allopathic methods, and healed after a persevering treatment of several months.

At the expiration of a year the case came into our hands, presenting unmistakable evidence of syphilis in what is called its secondary form. There were, upon the temples, face, forearms, and legs, a syphiloid eruption; rheumatic and wandering neuralgic pains about the head, limbs, and other parts of the body, increased at night and during damp easterly weather; in the nose a syphilitic tuberculoid formation; and on the tonsils, well-defined ulcers. Though the chancre had been healed, and there were present severe constitutional symptoms, we were disposed to regard the case as one of uncomplicated syphilis, so far, at least, as to make trial of the course pointed out by Hahnemann in simple cases. We accordingly commenced the treatment with the thirtieth potency of *Mercurius solubilis*, and in due time, perceiving no effect, we went down to the eighteenth, sixth, and first potencies. This was succeeded by *Merc. corr.*, but no permanent, indeed we might say no modifying results, even followed the use of either remedy. Suspecting *mercurialization* by former treatment, we gave antidotes—*Hep.*, *Nit. ac.*, *Aur.*, and *Kali hydr.*, successively, but all without any perceptible benefit. While using *Thuya* the ulcers in the tonsils healed, and the eruption on the face and arms diminished; but on the tibia and thigh of the left leg, and on the scrotum, ulcers appeared, discharging fetid, ichorous matter, which excoriated the surrounding parts. The ulcer on the *scrotum*, which was deep and offensive, healed while using *Lycop.*, *Mez.*, *Sil.*, *Sulph.*, and *Merc. dulc.*; but the ulcers on the leg extended, and the erosion in the nose developed into a well-defined ulcer. At this point the advice of a distinguished Homœopath was sought, to whose care the case was submitted. During the six months in which the case was continued under his immediate care, the following were among the remedies used, viz.: *Cinnabaris*, *Merc. sol.*, *Ant. crud.*, and *Sulphur*, together with the constant use of cold water bandages to the ulcers,

covered with oiled silk. No permanent, and, indeed, we doubt whether it could in truth be said that any temporary benefit even resulted from this treatment.

Other distinguished Homœopaths had charge of the case for several months, during which *Kreos.*, *Sulph. zinc.*, *Kali. hydr.*, *Iodide of sulph.*, together with the so-called mineral baths, and injections into the nose of *Soda*, *Kreos.*, and *Arg. nit.*, but all without any perceptible control over the disease.

Without following this case in detail through a long and perplexing period, we will briefly state that we effected a very rapid and permanent cure with the anti-psoric *Ammonium muriaticum*, and the anti-syphilitic *Mercurius corrosivus*, given in alternation, after the ugly and offensive ulcer had extended nearly around the leg; the *septum narium* had been destroyed; the left alveolar processes of the upper jaw, together with three teeth, had come away; and the palatine bones severely threatened.

From early life this patient had exhibited, from time to time, such symptoms as Hahnemann puts down in Chronic Diseases, as the result of psora, such as frequently recurring attacks of hard dry rough; constant clearing of the throat; hoarseness; attacks of colic, etc., all of which symptoms were covered homœopathically by *Amm. mur.*

It will be noted that among the remedies previously used, are not only anti-psorics, but also anti-syphilitics, including the very anti-syphilitic that finally, in alternation with the anti-psoric *Amm. mur.*, triumphed. It would be difficult for us to account for this result upon any hypothesis that did not admit the necessity of *alternating* the remedies that cover, homœopathically, the whole case—that is, the two distinct and diverse morbid conditions, which appeared to so act upon each other as to baffle the control of the syphilitic condition by its appropriate remedy, until alternated with the true anti-psoric.

But is this coexistence of morbid causes confined to the diseases above mentioned? Instances are on record, and

now occasionally occur in the course of severe epidemics, where two acute diseases are found to be present in the system at the same time; such, for example, as *small-pox* and *measles*; *measles* and *purpura*, etc.

"In such cases, however," says Hahnemann, "where the two diseases are dissimilar, the stronger usually suspends the weaker, until it has run its course, when the weaker will resume its course, and run through its several stages to its final termination;" and this accords with the observation of the profession generally.

Instances where two acute diseases run their course simultaneously, are undoubtedly rare; so very rare that but very few occasions can be furnished here for attention. In the very few exceptional cases, however, will the remedy that covers, homœopathically, the measles symptoms, cover also the *small-pox* or *purpura* symptoms? We think not: such, at least, is not our understanding of either the spirit or the letter of Homœopathy; and if not, does it not seem to be within the reach of possibilities that two remedies may be required in alternation, to conduct the case to a favorable termination?

From the examples above cited we educe this rule: in all cases where two or more morbid causes are present, and simultaneously in a state of activity, there the necessity for *alternation* becomes not only possible, but probable—indeed in many cases indispensable. On the other hand, in all cases where a single morbid cause is present, then a single remedy only is required, and consequently *alternation* is unjustifiable.

Your committee, therefore, while holding as unsound the opinions and teachings of those who oppose alternation in any case, would enter an earnest protest against the very general practice of alternating *a priori*, as plainly without sanction or authority of the Homœopathic law.

HOMŒOPATHY IN INTERMITTENT FEVER.

BY A. P. SKEELS, M. D.

No one of the various forms of disease, which the Homœopathic physician is called upon to treat, contains more serious difficulties than that popularly termed Intermittent Fever. To many this presents a stumbling-block and rock of offence; and the non-Homœopathic courses into which they fall, in the treatment of this class of disorders, inevitably demoralize their entire practice. Nor yet is this the only or worst mischief. Such physicians lose their faith in Homœopathy as a complete system; and we constantly hear them complaining of its insufficiency. And since we see so great a crowd of swift witnesses, who affirm the failure of Homœopathy to cure Intermittent Fever, the question of the validity of their testimony becomes a very important one to those who still profess and desire to retain a substantial faith in the completeness of the system. And the inquiry is suggested, may not sufficiently wide departures from the three great rules of the Homœopathic system be found in the modes of treatment, pursued by these witnesses, to exculpate the Homœopathic practice entirely, and throw all the responsibility upon the so-called Homœopathic practitioners themselves?

In three most essential particulars, each running in a line parallel with Hahnemann's great rules, the every-day practice of medicine, by this class of physicians, will be found diametrically opposite to the system as defined in the writings of its illustrious founder.

The *law of the similars* is most certainly not regarded in the selection of the remedy by those who never allow themselves time to study their cases, even if they had the means and intelligence. They never care to individualize the symptoms of the patient, knowing their own incom-

petency to find in the *Materia Medica* the corresponding individualized remedy; so they generalize instead.

The *single remedy* is, of course, rejected as an impossible problem with those persons who confessedly administer several drugs for the sake of obviating the uncertainty which must attend their *blind exhibition of a single one*.

And the *minimum dose*, with such prescribers, is not that which is just sufficient,—no more, and no less,—to cure the patient; but that which, by its massive quantity, may compensate for its want of true Homœopathic quality, and thus suppress the external manifestation of the diseases it cannot cure.

The method of treatment employed by the class of physicians referred to, in their daily practice, in all other forms of disease, is thus seen to be contrary to that of Homœopathy; and their assertions, that Homœopathy is insufficient to cure persons suffering with Intermittent Fever, are therefore entitled to no respect.

The question being one of fact, negative testimony, even though it be much more valuable than that just referred to, is necessarily inconclusive; while, on the other hand, positive testimony must have much greater proportionate weight. And the fact well established, even in a single instance, of the actual cure of Intermittent Fever by a single dose of a single remedy, and that, too, in the higher potencies, administered in accordance with the Homœopathic rules, will go far to offset any amount of testimony to the insufficiency of Homœopathy in this class of diseases. And the following cases, from many similar ones, transcribed from the original records made in my own practice, last season, show what can be accomplished with the higher potencies carefully prescribed in accordance with Hahnemann's three rules, even by one possessing but a limited experience as a physician and a very imperfect knowledge of the *Materia Medica*.

CASE I. April 8th, 1866. Mary D., three years old, light hair, blue eyes, nervous-sanguine temperament; has been

having chills and fever, tertian type, at intervals, since October, 1855; has been treated by Homœopathic physicians, both in Covington, Ky., and in Cairo, Ill. To check the paroxysms, both physicians had been obliged to resort to Quinine, in one-half to three grain doses, in alternation with other remedies.

Was called to the patient on the 8th of April, 1866. Found extreme lassitude preceding the chill,—fingers, toes and nose cold, nails blue, complexion sallow; chill appearing about half-past eight A. M., and continuing about forty-five minutes, with bone-pains and great thirst for cold water, large quantities at a time and often, nausea during chill; chill followed by fever, with equally great thirst; pulse irregular; fever lasting two hours, followed by profuse, sour-smelling perspiration, and which relieved, during apyrexia; great irritability, with an excessively morbid appetite, craving hearty food.

We have, in this picture, the tertian type,—the stages occurring in the succession of chill, heat and sweat. Among the more prominent symptoms are the extreme irritability, and lassitude preceding the chill, pain in bones during chill, nausea during chill, and thirst for cold water large quantities at a time and often. With the fever we have same thirst for large quantities and often; irregular pulse; headache, followed by perspiration, which relieves.

By a comparison of the type with that fever which has its stages of chill, heat and sweat, occurring in the order as above, we find common to each, *Bry.*, *Caps.*, *Carb. v.*, *China*, *Cina.*, *Nat. m.*, *Nux v.*, *Puls.*, *Rhus tox.*, *Sabad.*, *Sulph.*, and *Verat.* By a further comparison of the symptom of thirst, occurring in the cold and hot stages, we find each of the above remedies alike represented. Taking those remedies which are characterized by pain in the head during fever, and comparing with the above list, we find only *Bry.*, *China*, *Nat. m.*, *Nux v.* By this comparison, we find our range of remedies much reduced. Again, taking pain in the bones during chill as the standard for our fourth comparison,

we find that *Nat. m.* stands alone. In consulting the pathogenesis of *Nat. m.*, we find, under the head of fever, also the lassitude and irritability preceding the chill, the irregular pulse during the fever, as well as the yellow complexion, blue nails, cold extremities, &c. We also find laid down in Dr. Ad. Lippe's Text-Book of Materia Medica the peculiar thirst, large quantities of water at a time and often, as well as the perspiration which *always relieves*. Neither last nor least in importance is the fact that the patient had taken large quantities of Quinine. Many remedies are cited in our Materia Medica as antidotes to the injurious effects of this drug; among which we find *Nat. m.*, in a marked degree.

The careful comparison of the above picture of this case with the pathogenesis of *Nat. m.* showed so remarkable a correspondence, that I resolved to test the value of the higher potencies, and therefore selected *Nat. m.* 4000, which was given dry upon the tongue, single dose, followed by *Sac. lac.*, in water, once in four hours.

April 10th.—Reports slight chilliness at the same hour as day before yesterday, preceded by irritability and lassitude; wanted to be held in mother's lap; fever light; much less thirst, no nausea, appetite normal. Continued *Sac. lac.*

April 13th.—Father reports no symptom of chill to-day; child bright and happy. The little patient, with her mother, returned to their home in Kentucky, some time in June; and upon the 1st of November, when I last saw the father, he reported his little daughter perfectly well, having had no symptoms of chills since the 10th of April last, two days after taking the single dose of *Nat. m.* 4000.

CASE II. June, 1866. Edward C., aged about fifty-three years, of good constitution, has had intermittent fever off and on for the last eighteen months, which, during this time, has been frequently suppressed by large doses of Quinine.

This patient came to me, by recommendation, from a point twenty miles north of Cairo, on the Illinois Central

Railroad, at 7 A. M. I found him upon the sofa in my office, shaking dreadfully, groaning much, apparently stupid, and wholly disinclined to talk. This was the fourth recurrence of his present attack. Type was anticipating. The present chill came on about 6 A. M., with chattering of the teeth; violent headache; pains in the back and bones; extremities cold; nails blue; and excessive thirst for cold water, large quantities at a time, and often. Chill lasting about three hours, followed by correspondingly high fever, with increased pain in head, thirst diminished, pulse high and irregular. Fever continued about four hours, followed by perspiration and great relief.

In this, as in case first, we have the marked symptoms of thirst, pain in the back and bones, extremities cold, nails blue, and perfect relief from sweat, as well as the oft-repeated suppressions by Quinine. This patient received *Nat. m.* 200, single dose, dry upon the tongue, followed by *Sac. lac.* powders. Two months later, I ascertained that under this prescription the patient very soon recovered from his chills, and that he has since continued well.

CASE III. August 10th, 1866. Mrs. A., aged forty-three years, has been sick about three weeks with chills and fever; has taken patent medicines, but does not improve; chill comes on in the morning, beginning in the feet, and creeps upward, with pain in the bones, distressing headache, blue nails, and great thirst for cold water, large quantities at a time, and often. Chill continues from one to two hours, followed by high fever, with increased pain in head, pain in back, and diminished thirst,—fever lasting about two hours and a half, and followed by profuse perspiration, which affords great relief. Here again we find many of the leading characteristic symptoms of the preceding cases, which lead us to the administration of *Nat. m.* This patient received *Nat. m.* 200, single dose, dry upon the tongue, followed by *Sac. lac.* in water every three hours.

August 12th. Visit. Some headache through whole apyrexia; no appearance of chill or fever, but feels weak

and exhausted; not able to sit up. Continued Sac. lac. in water three times per day.

August 18th. Visit. Find no symptoms of chill or fever since the 10th instant; patient doing her own housework.

September 21st. Visit. Slight symptoms of both chill and fever; received single dose of *Nat. m.* 4000; and up to January 1st, 1867, has had no return of previous symptoms.

CASE IV. August 13th. Thomas L., aged sixty-four years. Was called to this patient about 10 A. M.; he had been shaking about an hour, during which time he had seemed almost frantic, frequently changing his position in bed, groaning and complaining of drawing, tearing, crampy pains in the muscles of both hips, and which passed off down the posterior thighs to the calves of legs. His fever at the time was intensely high; pulse accelerated, but weak, face and whole body red, slight thirst during both chill and fever, most during chill; fever followed by perspiration and headache. This patient was suffering too intensely to answer any of my interrogatories, except as to pains in his hips. We must relieve his sufferings, or he should die. The leading characteristic symptom was so prominent,—intense drawing, tearing, crampy pains in both hips, running down the posterior thighs to calves of legs,—that without comparison, guided by this symptom alone, I administered *Rhus tox.* 200, dry upon the tongue, single dose. In from ten to fifteen minutes there was a sensible diminution of pain, and in less than half an hour entire relief, followed by perspiration and sleep.

August 15th. Visit. Find patient had experienced slight chilliness at the same hour as day before yesterday, with slight pain in hips, little or no thirst, and but slight fever. Continued Sac. lac. in powders three times per day.

August 21st. Seventh day, symptoms reappeared, but much less severe. Patient came to my office while the chill was upon him, and received *Rhus tox.* 1700, (Fincke,) single dose, dry.

January 1st, 1867. This patient, up to present writing,

has not had a trace of previous symptoms, neither has he taken any medicine since receiving the single dose of Rhus tox. 17c, a period of more than four months.

CASE V. May, 1866. S. S. H., aged thirty-eight years, tertian intermittent fever, consisting of first chill, then heat, then sweat, with pain in back and bones, and accompanied by considerable thirst; immediately preceding chill, cold feet, lassitude; chill always beginning in left hand, from thence spreading over entire body; chill lasting from one to two hours, followed by high fever, with pain in head, nausea, incoherent talking, no thirst; fever followed by profuse sour-smelling perspiration, with sleep; extremely irritable and sensitive as well before as during and after the attack; in apyrexia, very feverish, irritable, easily offended, and just as easily excited to mirth. The history of this patient shows that he has had chills and fever since last July; that he has taken many prescriptions from Homœopathic physicians in the mean time, as well as large doses of Blue mass, Black Pepper, and Quinine.

There are several remedies in our Materia Medica which are found to correspond in a remarkable degree to the general features of this case. The type, the order of the stages, lassitude, and irritability, preceding the chill; cold feet, pain in back and bones during chill; the thirst, the pain in head during fever, the nausea, the profuse sour-smelling perspiration, as well as the fact of the repeated suppressions by doses that would not cure: but that symptom which seemed to be more peculiarly characteristic in this case was the chill always beginning in the left hand. No remedy in our Materia Medica covers this symptom so nearly—*chill beginning in left hand*—as Carb. v. We find, by a careful study of the pathogenesis of Carb. v., in Hahnemann's Chronic Diseases, chilliness in the left arm and lower limb, in hands, with trembling and feverish anxiety, which, with the remarkable correspondence in the mental symptoms, decided the choice of this drug. The patient received Carb. v. 4000, *single dose*, since which he has not had a single recurrence of chills up to present writing.

THE SINGLE REMEDY.

Read before the Homœopathic Medical Society of Alleghany County, Pa.

BY J. C. BURGHER, M. D.

The subject presented for your consideration this evening is still an open question. It is not proposed to foreclose, but very briefly to discuss it; leaving the size and repetition of the dose, as well as the succession of remedies, for future consideration. It is taken for granted that every member of this Society acknowledges Homœopathy, as promulgated by its illustrious and immortal founder, to be built upon the great therapeutic law, "*Similia Similibus*"—no mere hypothesis—no speculative illusion—but a law of nature, the chief corner-stone upon which our entire therapeia legitimately and immovably rests. It follows as a necessary sequence, that Homœopathy is a system of specifics, rejecting all succedaneæ. And hence, the employment of a *single remedy* in the treatment of disease is a subject of more than ordinary importance to the physician, and certainly not less so to his patients. It will be so until the veil which obscures the rationale of the use of medicines in alternation shall have been removed.

There is such a want, or seeming want of principle to guide in the employment of remedies in alternation, that a resort to it is not only unsatisfactory to the physician, but, adhered to as a rule of practice, is but little if any better than empiricism.

The plain teachings of *Similia* are, that each individual case of disease is to be met by a single remedy. Hahnemann says: "To effect a mild, rapid, certain, and permanent cure, choose, in every case of disease, a medicine which can produce an affection similar to that sought to be cured." Before a remedy can be selected with confidence of success, the totality of the symptoms, a perfect image of the disease is to be obtained; and the Homœopathic

remedy is that drug capable of producing in the healthy organism a similar totality, an exact counterpart. This great truth, underlying the whole superstructure of our therapeutic law in its adaptation and application, irresistibly leads to the corollary that a single remedy is all that is required to remove the abnormal condition imaged forth, or daguerreotyped by the drug. The diagnosis of disease is often difficult, while the symptoms or the group of symptoms which it shadows forth are easily recognized and unmistakable. We can hardly mistake a cough when we hear it, or the physical qualities of the expectoration when we see it. Vomiting, purging, dyspnoea, fever, etc., are easily determined. But these and a thousand other forms of disease have their nice points of difference, requiring discrimination in their minutest shades of dissimilarity in order to select the proper similimum. I admit that, even with our *Materia Medica* of four thousand octavo pages, it is often difficult to obtain a faithful reflex of the semeiology of disease, in the pathogenesis of a single drug. But if it be *only* difficult, let it be our earnest endeavor, our constant effort to overcome it. Suppose the correspondence between the symptomatology of any given case of disease, and the pathognomonic indications of a drug, to be imperfect—that no single medicine covers all the elements or aspects of the disease—shall we select a second remedy and alternate it with the first? Such a course may claim the merit of convenience; but would it not be more scientific in principle, satisfactory in practice, and better calculated to increase our knowledge of the specific action, the curative power of drugs, to prescribe but a single remedy?

We may make our knowledge of disease available by bringing pathology to our aid, in determining which element or elements can best be spared from the group; and thus, on scientific grounds and reliable data, select the aspects found to be most important and characteristic in each individual case of disease, leaving the others for the time being to take care of themselves. For example, in

cases of gout, scorbutus, &c., the state of the system as a whole is of more importance than the exact description of the local pain or character of the muscular debility; or, again, in disease of some particular organ, as the eye or ear, or a certain nerve or muscle, the precise seat, course, and character of the pain; the conditions, which cause aggravations or remissions, as to rest or motion, time of day or night, &c., are most important.

Thus the physician is enabled to seize upon the characteristic features of any given case; and if he select a remedy that covers these characteristics, he will generally find the subordinate symptoms disappear with those which are characteristic of the disease.

The question is not what two or more medicines given in alternation or rotation have cured this or that disease; but what single drug is capable of producing the symptoms and conditions, and in the order of those presented by the individual case before us? And here we are met with the astounding argument, that many diseases have not only been cured by the use of remedies in alternation, but that the practice is sanctioned by high authority! We have only to reply, in this connection, that many quack nostrums and patent compounds, as well as the heterogeneous mixtures of Allopathy boast of like numerous and marvellous cures, and the practice is promulgated ex-cathedra. Whether the brilliant cures or lamentable failures of such medication predominate, will be left to each one to decide for himself.

All our medicines having been proved singly, we cannot determine *a priori* what effects they will produce when given in alternation, any more than we can when given in combination. In either case, our knowledge of drug action is obscured and a routine practice encouraged. Clinical experience, with drugs used in alternation, is rendered comparatively valueless in confirming drug provings. By prescribing one remedy at a time we avoid all confusion and doubt in reference to its effects, and proportionally

enhance the value of our clinical experience of the action of each individual medicine.

Without relying too exclusively on our pathological knowledge of the disease, or intuitive perception of the appropriate Homœopathic drug, carefully select one well-indicated remedy,—alive to the fact that the medicine that covers the symptoms best will best cure them. After a reasonable lapse of time and a sufficient number of repetitions, take a fresh survey of the case, and, if not satisfied with your first choice, make a second. This appears not only reasonable, but in perfect harmony with the law of cure and the course of disease. Diseases have their stages of incubation, crises, aggravations, remissions, metastases, &c., occurring in sequential or successive order, and in varied degrees of intensity. They cannot, however, be anticipated with sufficient accuracy to justify the selection of the proper remedy in advance; but these new phases or developments must be met as they arise.

Our present knowledge of the *Materia Medica* may render it impossible for us to select a remedy that is in all respects similar to the disease which it is employed to combat; but if the dose be appropriate, its force will be expended on the morbid actions similar to its own, and whilst the morbid action is mitigated, changed or destroyed, the normal or healthy actions are not in the least disturbed. If the dose be sufficiently small, it will have but slight power to generate new maladies, from the fact that the special susceptibility to its action is a part of the existing disease. Inasmuch as some of the symptoms will have been relieved or changed, if the remedy was well selected, and no drug symptoms developed, we may consistently make choice of another remedy to meet the emergency or remove the remaining symptoms, without oscillating on the double track of two remedies—neither of which may possess the similitude of the disease before us—and very probably both will be found wide of the mark. By alternating we make expediency our talisman, instead of *similia* our guide. Circumstances may arise to excuse the practice, but an *excuse* is not a *defence*.

“HOMŒOPATHIC MATERIA MEDICA OF THE NEW REMEDIES.”

BY EDWIN M. HALE, M. D. Second Edition. Revised and Enlarged.
Dr. E. A. Lodge. Detroit, Michigan. 1867.

This new work contains eighty new remedies, an addition of thirty-five to those published by the same author in his “New Remedies,” in 1864. As an appendix, this work contains also a clinical index to facilitate its use by the practitioner. Among the indigenous plants we miss *Kalmia latifolia*, *Millefolium*, *Allium cepa*, *Allium sativum*, etc. New medicines proved and introduced into the Homœopathic Materia Medica,—at the same time that these indigenous plants were more or less subjected to provings, and belonging to other natural orders,—have been omitted; for what reason the author does not state. The physician so anxiously looking for more remedies will be disappointed; and if he does not espouse the cause of the “Vegetarian,” it will not be the fault of the author. “Glo-noin” is out in the cold; so are Lithium, Tellurium, Apis, Trombidium, Xiphosura, Benzoic and Fluoric acid, and some minor intruders into the vegetable garden of Homœopathy.

As the author claims “that he shall be satisfied if the work is only pronounced by the profession as eminently “*suggestive*,” (vide preface to Edition 1st,) that claim will surely be admitted as valid.

The profession demanded the publication of just such a work, some of them complaining that there were many cases exhibiting combinations, or single symptoms, not to be found in the Materia Medica; this complaint often arose from a neglect to seek these symptoms in the old Materia Medica, and from inability to find in former works at once the name of a disease for which a certain medicine is pro-

nounced to be a "specific." The thirst for more knowledge being in fact the great cause of this demand, might be better satisfied by first fully mastering the old remedies as they were given to us by Hahnemann. And in the last ten years our old *Materia Medica* has been much enlarged. Two larger works have been published during that period, besides some monographs and detached provings in various journals.

The best review of the work before us can be given by comparing it with another work, published in 1857, by Dr. Constantine Hering, entitled "*AMERICAN PROVINGS, Preliminary to a Materia Medica as a Natural Science.*" Dr. Hering's work is but little known to English reading Homœopaths, and only a small portion thus far has been translated from the German, and published in the *Homœopathic Review*, viz., *Aloë* and part of *Allium cepa*. The work, as the title indicates, is the result of provings principally made in this country, and is intended to serve as a guide for making our *Materia Medica* what it ought to be, "*a natural science.*" Dr. Hering accepted Hahnemann's original plan for the arrangement of the *Materia Medica*, and improved on it very considerably. Particular attention has been given to the localities, and especially to the sides of the body and to the directions in which the pains or disorders move in the body, from above downwards or vice versa; from the right side to the left side or vice versa, or diagonally.

While some severe critics* endeavor to set characteristic but local symptoms aside, as endangering us in the direction of generalizing,—which is disclaimed by them and against which they warn the brethren,—these same critics forget that characteristic but local symptoms form only a part of the totality of symptoms, and do not represent them in any other manner, and that *nothing but the*

* Vide *British Journal of Homœopathy*, No. C., April, 1867. Page 311, &c.

totality of symptoms can finally lead us to the choice of the truly certain remedy. Individualization has been carried much further in Dr. Hering's work, than in any previous work of the kind, and generalization has been avoided as much as practicable. Dr. Hering's book contains twelve remedies, treated in eight hundred and eighty-six pages; and among them *Apis mel.* is without comparison the best rendered remedy we possess in our *Materia Medica*. And why have these remedies not been translated and enrolled in Dr. Hale's *New Remedies*? Is it that the contrast would have been too glaring? The one is a well-finished and complete work, such as the Homœopaths of former days fully understood how to appreciate; the other is only a suggestive work and not so much calculated to satisfy the admirers of the former.

The tendency of the one is to lead to individualization; that of the other tends to generalization. The one is an improvement on previous works, and progressive in its execution; the other differs much from the works we were accustomed to, and portions of the livery it wears are borrowed from the Eclectics, while as a whole it is executed in a spirit of compromise. To make good this last assertion, we call the especial attention of the reader to the 137th page, where the author deviates from the original subject and undertakes to establish the correctness of the practice of prescribing for a disease by name. The author says: "*When, however, the NAME refers to a definite group of symptoms, as is the case in gastric fever, I must beg to take exception to the dictum in question;*" and he winds up by saying, "*By this process of generalization, or rather of grouping, it was that the founder of Homœopathy was enabled to prescribe and recommend with confidence Belladonna for smooth scarlet fever, Aconite in purple rash, Spongia and Hepar in croup, Mercurius corrosivus in dysentery, Thuja in sycosis, etc.*" Admitting at the outset that these premises were correct (which we will show below they are not) and granting that Hahnemann said all this, does it follow that a definite

group of symptoms could be pointed out characterizing (being always necessarily present in) gastric fever? And if it should appear that no characteristic group of symptoms characterizes gastric fever, and almost all other diseases, how can we as Homœopaths expect favorable results, if we base our prescription on such a *name* as gastric fever?

The fact is this: that a similar group of symptoms occurring in one or more patients, suffering from gastric fever, will indicate the remedy in those individual cases; but the question arises, does this group of symptoms always exist in all patients suffering from a so-called gastric fever? If all persons so affected suffer alike, then the author is right, not otherwise; and he is again correct if it can be admitted that a group of symptoms show the presence of a form of disease, or are equivalent to the disease itself. The true definition of a disease can never be correctly given by merely stating a group of symptoms. This true definition is composed of an historical account of the disease, from its beginning to its end, and that end *consists in recovery*, and not, as is erroneously stated, in the fatal termination. *Death is the end of the patient, not of the disease.** So the artificial diseases which arise in drug proving, and also those still milder which may be supposed to arise in the administration of Homœopathic medicines to the sick, naturally incline to terminate in recovery. And we should seek to find a remedy which is perfectly similar to the disease from its development to its natural termination; as Hahnemann did when he discovered the similarity between the effects of Belladonna on the human organism and the true, erysipelatous smooth scarlet fever, as described by Sydenham, Plenertz and others, when either caused an erysipelatous, smooth, red skin, accompanied by a characteristic fever and

* And if this is correct the post-mortem examinations, which so enrich pathological anatomy, do not show the end of the disease at all, but merely the end of the patient, the destruction causing the result—the end.

headache, with somnolency, etc., finally ending in a full desquamation in this case. Hahnemann did not garble up a group of symptoms only, but he compared the *totality* of them, found them similar and then chose Belladonna. The patients suffering from the true, erysipelatous smooth scarlet fever were very similarly affected; much more so than those affected by purple rash. These, as Hahnemann characteristically describes it, suffered at times from great heat, increasing restlessness and agonizing anxiety,—for this condition he found Aconite the similar; or else they suffered from excessive pain with depression of spirits and inclination to weep,—and then Coffea would be curative. Here again Hahnemann did not give groups of symptoms, but characteristic indications for the application of remedies. In the preface to Spongia, Hahnemann's last sentence is this: "*Homœopathy has found the most astonishing curative effects of Spongia tosta in the fearful acute disease, Croup membranous,*" partly in other symptoms of this medicine, but principally in the symptoms, 145: "DIFFICULT BREATHING, AS IF A PLUG WERE LODGED IN THE LARYNX and as if the air could not pass through the obstructed larynx, with the modification that the local inflammation has been first diminished or subdued by the internal use of a possibly smallest dose of Aconite. It will be seldom necessary to use besides this a small dose of Hepar calc. sulph." Where is the group of symptoms showing the presence of croup for which Spongia is specific? We find *one* characteristic symptom, often present in that disease and nothing more. Again we find in the preface to Drosera, (vide Hahnemann's *Reine Arzneimittellehre*, Vol VI., p. 228: "*A single such dose (one or two pellets of the 30th potency) is sufficient to cure the epidemic hooping-cough, guided by symptoms 50, 53, 57, 62, but principally 58 and the latter part of symptom 87 ;*" and additionally Hahnemann says, in a foot-note to this sentence: "*The cure surely follows in seven or nine days with unmedicinal diet. It is well to take care not to administer a second dose after the first one (and much less any other remedy): this would no*

doubt not only prevent a good result, but also cause considerable injury, as I know from experience." And what are the characteristic symptoms (not a group of symptoms) constituting the pathological condition whooping-cough :

30. While coughing, pain in the hypochondria, as if that region were constricted by force.

53. The region below the short ribs (hypochondria) suffers from a contractive pain which impedes the cough ; he cannot cough because it pains so much if he does not press with his hand on the pit of the stomach.

57. Cough coming deep out of the chest.

62. In the evening, when lying in bed and when exhaling, a sudden contraction of the lower part of the abdomen, which seemingly irritates him as if he would vomit and causes him to cough.

58. Cough in such violent paroxysms following one another that he cannot take his breath.

Where is the group of symptoms here ? and have not the clinical observations based upon the first suggestive remarks of Hahnemann, that Drosera would be a curative in some epidemics of whooping-cough, brought out some more characteristic symptoms ? and can we not at present incorporate them conjointly in our characteristic symptoms of our *Materia Medica* ?

It we look for a remedy to cure a new epidemic, or rather for the remedy which may prove itself the most curative at the time, it is well to group then such symptoms as are characteristic of this epidemic ; and these groups consist, generally, again in symptoms not always present in other epidemics of the same disease. We hereby individualize this epidemic from other ones, and do for the epidemic in general what we again must do in every individual case of it when this new differing group of symptoms is not present. For example, this city was visited last summer by "cholera." Now our British friends have given us four specifics, Camphor, Veratrum, Cuprum, and Arsenic ; but the latter epidemic differed from all others in one essential point : not only were the attacks very sudden, but the thirst was incessant for acids, and for large quantities, and further heat aggravated the condition. Guided by these characteristic symptoms, *Secale cornutum* became the truly Homœopathic curative agent. Neither

Camphor nor any other of the four great specifics had any effect whatever; and the prescribing for a name derived from a group of symptoms denoting the disease as cholera, was followed, as it ever must be, by disastrous results.

We must guard against the grouping of symptoms to make out a name; and every disciple of Hahnemann will find illustrations of the failures following this modern attempt to compromise with the Old School; but following Hahnemann implicitly, we reach a different result. And I will try to illustrate this position by a case from my Journal, but recently cured.

The patient, a boy four years of age, of weak constitution, suffered from a group of symptoms constituting "*diphtheria*." The greatest care was taken to find the similar; but neither Belladonna, Lachesis, nor Lycopodium, each apparently suitable, caused a change for the better, and, in addition to the symptoms common to the disease, the boy had a very stiff and painful neck, drawn to one side, a very *unfavorable* symptom. And, as Lachesis had done him no good, another remedy was to be selected. One dose of Lachnanthes (Fincke) cured the case in twenty-four hours, and the weak boy who had been nursed for six days was found next morning well and playing with his toys. Shall we make a foot-note to Lachnanthes and trumpet it about as a specific for diphtheria? Certainly not; but we may make a strong line under that peculiar symptom. Or should I have looked out for a specific among the new and old medicines for diphtheria? Would the result have been the same? After this digression, we must return to the book. Among the various remedies we find also very good *suggestions*, and new ones, indeed. Caulophyllum thalictroides will no doubt become a valuable remedy in uterine disorders, "*amenorrhœa*," prevention of premature labor," "*after pains*," etc.; and a further proving and more accurate clinical records will soon establish its characteristic symptoms.

The student of our *Materia Medica* cannot well dispense with this work; he must read it cautiously. The profession wants more books, more *Materia Medica* especially; and the best and only remedy against purely "*suggestive works*," is the publication of a full, complete *Materia Medica*, such as Dr C. Hering has promised the profession for many years, and for which they still confidently look.

L.

HAHNEMANN LIFE INSURANCE CO.

"THE CHAMPION OF HOMŒOPATHY" is the proud title assumed by this Company,—the first to enter the field and to bring itself before the public as a purely Homœopathic Company, neither seeking for, nor caring to receive, patronage from any other than Homœopaths.

In the first number of our present volume we spoke of the great benefits which must result to Homœopathy from the proper use of Homœopathic tables of expectation of life, in the calculation of premiums for life insurance and the great value the experience of such a Company would be to us. The statistics, reliable beyond dispute and of the kind most valued by Allopathists, would be to us the weapon we have long sought, the argument needed for the final settlement of the question of the merits of Homœopathy, and the one to silence all scoffers and enemies. Here the two systems are brought to a fair practical test. The old Companies, proud of their Allopathic principles, refusing, in many instances, even to permit a Homœopathic physician to act as medical examiner, selecting the best Allopathic lives, and confining themselves as nearly as possible to them; and the Hahnemann, equally proud of and firm in its Homœopathic principles, asking, in turn, no favor from Allopathic physicians, and selecting its risks from staunch Homœopaths, who are able to stand the tests of a severe medical examination. The Companies, thus starting off fairly together, must, in their future history, supply to us statistics of mortality more valuable and correct than could be otherwise obtained. It is not here the simple history of the success of Homœopathy in the treatment of a single disease, after which the patient, if he recovers, goes forth to the world and is lost track of; but it is the history of thousands of individual lives, carried from the time when they were examined and found to be perfect (for no unsound or impaired lives are accepted), through all the dangers to

which they must be exposed, through all kinds of climates and through all the various conditions and changes of life until death. Each life is carefully recorded; each journey of any importance, and changes of residence from one climate to another, noted; and all items, which may affect the person's health or physical condition, carefully gathered. It is, in fact, as nearly as possible, the medical history of each person's life from the time of its acceptance until its close.

After death, all the facts connected with it are collected: the remote, as well as the proximate cause, the duration of the disease, the place where and the circumstances under which it occurred, and, whenever practicable, a brief history of all previous sicknesses the person may have passed through.

Statistics gathered so carefully and fully must be thorough and reliable; and it is just such statistics the "Hahnemann" proposes to furnish to the Homœopathic profession.

Their table of rates, based on the "Hahnemann Mortality Table," prepared expressly for this Company by Professor Wright, from the most reliable Homœopathic statistics which could be obtained in this country and in Europe, show a reduction of from six to sixteen per cent. in favor of Homœopathists, as compared with the tables of Old School companies; and this variation appears to us correct; for while Homœopathy may, and, we claim, does, increase the expectancy of a man aged twenty-five, thirty or thirty-five from ten to fifteen or sixteen per cent., it cannot so greatly increase the expectancy of a man aged fifty-five or sixty, for it is not claimed that Homœopathy can extend the period of human life beyond the number of days appointed to man, but only that it can assist him in gaining that full number.

The policies of the Company, too, being all non-forfeitable, guarantee to each policy-holder his or her full rights under all circumstances.

The Company, by presenting these facts and the statistics it has gathered to the public, is daily making converts to

our noble science, and Homœopathy and the Homœopathic profession are being benefited thereby.

The Company's success up to the present time has been very gratifying. Owing to the time necessary to properly prepare its mortality and premium tables, it did not get fairly started until August last, yet it has already pretty thoroughly established its agencies throughout the States, is as rapidly as possible filling all vacancies, has issued over one thousand policies, and, according to the official statement made to the Superintendent of the Insurance Department of the State of New York, on the first of January last, had increased its assets to the handsome sum of \$242,016.32.

We heartily commend the Pioneer Homœopathic Life Insurance Company of the United States to our patrons, and wish it the success it deserves. M.

AMERICAN INSTITUTE OF HOMŒOPATHY.

ANNUAL SESSION.

The Twentieth Session of the Institute will be held at the Gallery of Fine Arts, Fifth avenue, corner of Fourteenth street, New York, commencing Wednesday, June 5, 1867, at 10 o'clock, A. M., and will continue three days. A preliminary meeting, to arrange the business of the session, will be held at the same place on Tuesday evening, June 4, at 8 o'clock.

Reports will be made by the Bureaus of *Materia Medica*, *Clinical Medicine*, *Obstetrics*, *Surgery*, *Organization* and *Statistics*, and a report will be made on a *complete code of ethics*.

On Wednesday evening the Annual Address will be delivered by N. F. Cooke, M. D., of Chicago,—H. B. Clarke, M. D., of New Bedford, Massachusetts, alternate.

Reports will be made by members on various scientific

subjects; and it is earnestly desired that every member will contribute something of interest and value.

Members desiring to present any especial subject for the consideration of the Institute are requested to apprise the General Secretary, or the Chairman of the Committee of Arrangements, G. E. Belcher, M. D., New York, in order that the business of the meeting may be systematized as far as possible.

In accordance with the by-laws, all societies, colleges, hospitals, dispensaries, and other Homœopathic institutions, are requested to send delegates to the Institute; and the secretaries of the various associations are requested to inform the General Secretary, prior to the time of meeting, of the names and numbers of the delegates.

It is hoped that this plan will be fully carried out, and that every Homœopathic institution in the United States will be represented, and a report given of its proceedings during the past year. Many subjects of great interest to the Homœopathic profession of our country will be discussed and acted upon at this meeting, which will undoubtedly prove one of unusual importance.

I. T. TALBOT,

General Secretary, Boston.

THE AMERICAN INSTITUTE.

BY J. H. P. FROST, M. D.

The mighty pyramids that stand apart and rear their cloud-capped peaks in solitary grandeur upon the confines of a desert still more vast and solitary and desolate—what are they but memorials of by-gone years; monuments of buried nations; “sepulchres of cities;” cenotaphs with violated crypts,

“Whose holy dust was scattered long ago!”

And yet why should we thus forever look back? Why should we so steadfastly and so mournfully regard the dead cold past that we can neither realize the living present, nor anticipate the more glorious future?

Vastated mausoleums although they be, these stupendous and enduring masses still grandly represent the surpassing genius that originally created them; that still inspires them; and that shall continue to shine through them until the elements melt with fervent heat and time shall be no more. There they stand; the shocks of succeeding centuries and the lightnings of heaven play around them like the idle winds which they regard not,—still they stand! In their majestic solitude they look down with supreme indifference upon the advent of new-born nations, the growth and decay of empires and the passing away of races of men. For they are themselves the express images, the representative forms, and *eternal incarnations of many thousands of once living and still living souls of men!**

What though the storms that have raged against them through all the still lapse of uncounted ages have erased from their adamantine walls the sculptured forms and hieroglyphic records which originally covered them,—these three mute Ambassadors, these perpetual Delegates from the ancient world, in their sublime dumb-show, still announce and illustrate to each succeeding generation, the one great message, the priceless and undying heritage which the past bequeaths to the present and to the future, —UNITED, PERSEVERING, ORGANIZED ACTION!

United! As we come together in the Institute, let us drop all those petty contentions, personal animosities, envious jealousies, party strifes, and sectional rivalries, that engross small minds and embarrass great ones. Let us, for the moment at least, forget all lesser and seemingly conflicting interests, that we may be the better able to promote that triumph of the grand whole, which in turn must secure the success of all the component parts. Let us remember the united, consolidated and triply organized condition of the hosts that are mustered against us. Let us listen to the voice of counsel;—willing to receive the truth, eager to

* The Pyramid of Cheops was completed in twenty years, by the interrupted exertions of 400,000 men!—*Gillies' Greece*, Part II., Vol. I.

learn wisdom from whomsoever its golden words may come. And as we clothe our bodies with "goodly raiment" out of regard to those with whom we may meet, so let us clothe our minds with the genial garb of charity; and above all let us each assume and maintain our noblest rôle in this grand drama of the Brotherhood of Humanity.

Persevering! When we observe the low state of medical education, and the large number who are "practising Homœopathy," as they are pleased to term it, with still less claim to be considered educated medical men; when we mark with pain the short-comings of the very best of our periodicals; and realize the small regard for Homœopathic principles exhibited in many quarters, and the immense amount of records and statistics so necessary to be prepared, in the interest of Homœopathy,—we are ready to exclaim, who is sufficient for these things? And we feel that even the united exertions of the entire profession could not at once establish and accomplish all these needed labors, improvements and reforms; and that *perseverance* must be added to union.

From the very nature of things no great work can be accomplished at once; this is pre-eminently true of reforms. These, in order to be productive of any permanent good, must be thorough and radical; *that is to say, they must be gradual*. For instance, it may be found impossible, or inexpedient to inaugurate any great changes in the ordinary course of medical education. But it will be possible, as it is the actual duty and necessity, for every one connected with medical education *to elevate the standard, and to be more strict in seeing that all the published rules and requirements are really complied with*. Till we have become accustomed to exact a strict compliance with such rules, it will be useless to enact others more strict. True reform in medical education must be gradual, and it can only be secured by united and preserving effort.

Organized action! Scientific co-operation is the formula of all modern effort; the essential condition of all modern

success. Look for a moment at the advanced condition of Astronomy, of Chemistry, of Physiology,—and in fact of every natural science,—in which each student has done what he could, with the assistance of all the rest;—and in which the net result is obtained from united, persevering, scientific co-operation. Look at the elaborate organization of all large manufacturing establishments, where nothing is superfluous, but where each individual part is essential to the combined and resultant whole. Look at the modern steamship of war, fully equipped and manned; and mark the vast amount of organized action absolutely essential to the production and continued maintenance of this stupendous triumph of human ability.

In this organized action, this truly scientific co-operation, in which each one undertakes or has assigned to him just such parts as he can best accomplish, each one's individual power of being useful is increased in exact ratio with the extent of the organization to which he belongs.

But why need we enlarge? From the indications which reach us from all parts of the country, we are satisfied that the meeting of the American Institute, in New York, next week, will be more interesting and important than any that has been held for many years. And this will result in part from the determination expressed by leading Homœopathicians everywhere to attend; and in part from the very great importance of the measures to be introduced, discussed and decided upon, for the better promotion of Homœopathy. The American Institute of Homœopathy is essentially a representative body; and its executive power depends upon its fully and completely representing the profession. Thus the more fully it is attended, the greater the advantage derived by its individual members, and the more efficient and beneficial will be its influence over the entire profession.

The "Proceedings of the Nineteenth Session of the American Institute of Homœopathy" has just come to hand; better late than never,—very handsomely printed;—the most important papers have previously appeared in the periodicals.

AMERICAN INSTITUTE OF HOMCEOPATHY.

REMARKS OFFERED BY F. R. McMANUS, M. D.

The question is often asked, by persons who never attend the meetings of the Institute, although members, "What is done at the meetings of the Institute?" and they frequently add: "I have read the published accounts of the proceedings, and cannot perceive that any thing of importance is transacted."

Before proceeding to give my ideas of what more should be done, I will merely say to those who remain at home and complain,—*Attend the meetings*, and make your suggestions, and do what you feel to be in your power to do, to improve the transactions of future sessions.

In regard to what more should be done, I would suggest the employment, at every meeting, of a competent stenographer, to report the proceedings and discussions, in extenso. There should be at least one full day set apart for oral discussions upon the important matters pertaining to our science; such, for example, as the difference in value, as established by practical and thorough experience, between the lowest, the high, and the highest attenuations; the time of repetition of doses; alternation of remedies, &c.

I confess to having been greatly pleased with the temperate and sensible discussions upon these subjects, reported in the May number of "The Hahnemannian," as having occurred in the Philadelphia Society. We want such discussions at the meetings of the "Institute," to make those meetings entertaining to the aged members, and instructive to the younger ones. This will be a great improvement upon the everlasting changes in "organization;" changes in "constitution and by-laws," and will explode "log-rolling;" a great deal of which was carried on at the last meeting in Pittsburg, in relation to particular "Life Assurance organizations," &c. I have always been convinced of the necessity for a stenographic reporter, and never as

much so as since I received the official publication of the last meeting, which I received only two days ago, more than *eleven months* after the meeting occurred. One-hundredth part of the proceedings of that meeting are not recorded and published in that report. All that I said at that meeting is recorded in five lines, and I am sure I must have talked, at different times, for twenty or thirty minutes. The most important part, in my estimation, was the discussion upon the remodelling of the organization. The proposition to publish, under the sanction and by the authority, and at the expense of the Institute, the name and residence of *every person!* who is practising Homœopathy in the United States, *with the names of the regular members of the Institute*, the latter, as was suggested by some one, to be designated by a particular kind of type. I opposed this strenuously, on the ground that such persons could refer to the published proceedings of the "American Institute of Homœopathy," to establish their claims to medical orthodoxy, and their titles to the doctorate, whereas hundreds of them are probably mere itinerant pretenders. The matter was defeated, at the time, and referred back to the "Bureau of Organization, Registration," &c., for revision and report to next meeting.

At the last meeting, the report of the committee to audit the treasurer's account, gave rise to quite a discussion; nothing of which, except a few lines, appears in the proceedings. The committee reported a discrepancy between the amount of receipts during the year, (\$381 16.) and the amount of expenditure (\$467 60) of \$86 44, and, in view of this discrepancy, I suppose, of \$86 44, respectfully suggested that the initiation fee shall be *five dollars*, and the annual pay of each member *be increased to five dollars*, instead of *one dollar*. Either amount would be intrinsically of little importance to those members who, like myself, have attended every meeting of the Institute, whether far off or near, at an expense of hundreds of dollars, and who have made almost super-human efforts to

perpetuate its existence, and to increase its usefulness. I immediately opposed such an increase, but found that there were many members who were determined on the increase, as if they had an extra and useless *five* in their pocket which must be parted with. I suggested that if an increase was necessary, it be made *two dollars*, instead of *five*. Another substitute was made and carried, of three dollars.

In the last published list of living, *payiny!* members, we have a record of five hundred and eighty-five names, which should yield \$585, if all paid; and if all do not pay, the delinquents should be deprived of membership. Any member who refuses to pay one dollar a year, receiving a copy of the proceedings, which I consider worth fifty, in addition to the honor of a membership, should certainly be expelled from the society. Forty-nine names are recorded as having been admitted to membership at the last meeting; each of whom, I suppose, paid the requirements of \$3, which would add \$147 more to the funds of the treasurer. At the increased annual fee of three dollars, if all the *paying* members settled up, it alone, exclusive of initiation charges, would amount to one thousand seven hundred and fifty-five dollars! What is to be done with that sum? When it will afford an amount of about one thousand two hundred dollars more than the average expenses per annum of the Institute heretofore?

If I can leave home to attend the next meeting, I shall hope to see some efficient measures adopted by which members will be made either to do their duty in respect to payment of dues, or be discarded. A delinquency in the payment of ONE DOLLAR a year!

I did intend to write upon other subjects, but I fear I have already trespassed too largely upon your pages. Before closing, however, I must express the hope that *New York* physicians, who may be members of the Institute, will attend its sittings, and exhibit an energy which, if my memory is correct, was lamentably deficient at the last meeting which was held in that city.

OBITUARY.

CHARLES A. LEECH, M. D., of Philadelphia, died of typhus fever, April 19, 1867, aged thirty-three years.

Dr. Leech was, at the time of his decease, deeply interested in scientific research, independent of his active duties in the medical profession,—being a member of the Franklin Institute, also Secretary of the Pennsylvania Association for the Advancement of Science, as well as a life member of the Wagner Institute of Science. So much absorbed was he, that when fatigued with study and professional cares, and his friends would desire him to take recreation, he would urge that there was so much for him to accomplish that he could not spare the time. He would say that a lifetime was too short for him to do all that he felt was required of him.

Since the organization of the Philadelphia County Homœopathic Medical Society he has been one of the most regular and constant attendants at its sittings, although his residence was a considerable distance from its place of meeting, and his time very much occupied by an extensive practice in his profession. He frequently participated in the discussions of our Society, and whilst he exhibited firmness in his assertion of the right of individual judgment, this never degenerated into obstinacy. He was bold and candid in the expression of his opinions, even when he knew that they would meet the opposition of the majority. A genuine lover of the truth, it was his desire to discard any views the moment they were satisfactorily proved to be erroneous. He was thus eminently fitted to fulfil his part in the solid progress of medical science, for it is only the lover of truth who is adapted to this great work.

It is an old saying, and one prompted by generous feeling, "that we should speak nothing but good of the dead." But where the failing has been such as leans to virtue's side, and its mention may serve as an admonition to others, it is

certainly excusable to speak of it. A too-engrossing love even of the science of medicine, leading to exhausting attention to the practice, is a failing of this kind, and it is one that is shared by a very large proportion of the best physicians. It arises mostly from philanthropic and exalted motives. For there are very few, if any, really good physicians, who do not labor largely without the expectation of remuneration in any form, other than that arising from a sense of humane duty properly fulfilled. How many physicians suffer the most trying anxiety and mental exertion, together with much corporeal fatigue, for cases from which, even when successful, they can expect no pecuniary emolument or any increased reputation, and where, if unsuccessful, they will be exposed to much undeserved censure.

The result of over-exertion is exhaustion of the vital powers, and adynamic disorders are apt to be the consequences. Nature, when her laws are violated, inflicts her punishments without reference to the motives which lead to their violation. The benevolent and self-sacrificing physician can enjoy no immunity because of his humanity. If he does not employ the indicated and indispensable remedy—"rest," he must perish. Not that the *rest* must of necessity be absolute, except from that kind of mental and bodily exertion which has exhausted him. From that he should carefully abstain. He should visit no patients, he should prescribe for none, not even for himself. As he recuperates he may employ himself with other exercises, in a moderate degree, but until his vital powers have regained their normal status, he should avoid his professional business.

The regret occasioned by the loss of one who was so valuable a member of the medical profession has given rise to these expressions of caution, and the hope is indulged that they may have an influence with others, and perhaps tend to the prolongation of the lives of some who, like Dr. Leech, are estimable and useful physicians, faithful and genial friends, whose loss would be, as his now is, severely felt by a large circle of patients and by so many of his medical co-laborers.

GROSS' COMPARATIVE MATERIA MEDICA.

In No. C. (April 1, 1867) of the British Journal of Homœopathy, page 299, we find a *Review* of this work. In the sixteen pages devoted to it, we are greeted with a very thorough abuse of the work, and the critic tells us at last, that he has to express his deep regret that he cannot speak favorably of this book, and that he cannot do otherwise than condemn it. But having in mind the proverb, "All is well that ends well," we find that the learned critic has put his foot into it, (and, for what we know, his leg,) and that at the very end of his learned review; he there says: "*Finally, we would remark, that if the work is one that really gives satisfaction to the self-called PURE Hahnemannians, we must fully confess that we cannot in the least understand either their method of studying our medicines, or the principles on which they conduct the selection of the drug in any given case of disease.*"

Who, pray, are "the self-called pure Hahnemannians?" Does the critic point to the Homœopaths who have accepted Homœopathy as it was taught and promulgated by Hahnemann, in contrast to those pretending to practice Homœopathy in violation of all the teachings of the master? And if the work gives them really satisfaction, please let them enjoy that privilege without molestation. If the critic cannot in the least understand either their method of studying medicines, or the principles on which they conduct the selection of the drug in any given case of disease, he puts his foot into it up to the thigh, and we may be allowed in all courtesy to remind him of the fact that Homœopaths treat patients and not diseases. And here is the clue to all the severity of the critic, and to his "*regret.*" Physicians who only hunt up pathological pictures, either in the patient or in the Materia Medica, give full proof of not having yet been introduced into Homœopathy.

The first paragraph in Hahnemann's Organon of Med-

icine is, "The first and *sole* duty of the physician is to restore health to the sick."—Did Hahnemann say that the physician's duty (first and sole) was to cure diseases, or, what is equivalent to, treat diseases? To restore health to the sick, is his first and sole duty; or, what is equivalent, to treat the patient—the sick. The study of our *Materia Medica*, or, as the critic has it, our medicines, is a very different one from these two opposite points of view; and if we only look upon the cure of disease as our aim, then we not only do not follow Hahnemann, but we look to our medicine for aid in curing diseases, thereby generalizing. If all persons affected by the same contagion or miasm were afflicted precisely in the same manner, all and every one of them suffering precisely from the same symptoms, and if any one medicine affected all persons precisely alike, then the propositions of the critic would be correct, and the book would be quite superfluous as a general thing. But if the contrary should be proved to be the prevailing rule, then the trifling varying symptoms of the "sick," the patient, must guide us in the selection of the truly Homœopathic remedy in each and every individual case. Symptoms which the critic calls (v. p. 300) *trivial*, or absolutely *accidental*, are the bone of contention between the Hahnemannians and their opponents. And let us illustrate this position and take up a case of "*Ozæna*." There are two patients suffering from that disease. The generalizing physician has ascertained, by a very learned research that, actually and without doubt, both patients suffer from this disease, and having satisfied his pathological preferences, and not heeding the concomitant symptoms, he treats *ozæna* either by one remedy or by alternation of two or more, and an accidental cure may follow in the one or in the other case; but treating both cases alike, he must fail in one at least, to a certainty. The Hahnemannian examines his cases and he writes down:

Case No. 1, *ozæna*; discharge from the nose, yellowish green; subjective smell, like old catarrh; desire for the

open air; amelioration in the cold open air; the headache is worse when lying down, and very seldom any thirst, etc.

Case No. 2, ozæna; discharge from the nose, hard, plug-like masses, (clinkers); bad smell from the nose; moderate cold air feels very unpleasantly; headache better when lying down, or much worse when the discharge is suppressed; or periodical, every day, beginning in the morning, increasing at noon, and then decreasing; there is much thirst, etc.

If all these concomitant symptoms are trivial and absolutely accidental, then our opponent is in the right, and does not need Homœopathic aid through Gross' Comparative Materia Medica; but if he has accepted Homœopathy, he differs widely with the critic; and, after examining Gross' work, he will be induced to look for the fuller description of the medical action of the remedies in the Materia Medica; and he will prescribe for case 1, one dose of Pulsatilla, and for case 2, one dose of Kali bichrom. These minute peculiarities do help us in the selection of the proper remedy, and our every-day experience teaches us the reliability of this practice. Is it a minute peculiarity or an absolutely accidental symptom, if a child, suffering with violent fully-developed diphtheria, has also a very stiff neck, the head drawn to one side, and unable to move it? And is it accidental that such a patient recovers fully under one dose of *Lachnantes tinctoria*, (76^m Fincke)? The only peculiarity of it is this, that these accidents occur daily on the one side, and as a very rare exception on the other side; these accidents are the rule with the Hahnemannians, and the exception with the anti-Hahnemannians. And that is exactly what Dr. Dunham means, as quoted page 301, from the *American Homœopathic Review*, Vol. VI., p. 172.

The review, with all its severity, is not without its lesson, and one must continue to learn daily, and should profit by the teachings of those who disagree with us, and the lesson is this: The Hahnemannians have gratefully accepted Gross'

work, and are under lasting obligations to Dr. Hering for the very great pains he has taken to translate and arrange it. The anti-Hahnemannians sneer at the book, and confess that they do not understand how to make use of it. Both parties claim to be Homœopathists; and wherein then consists the great difference of viewing the work in such opposite directions? The solution is very plain; the one side have fully accepted Hahnemann's teachings, and the other side have substituted something else for them. The one side use the *Materia Medica* for the purpose for which Hahnemann composed it; the other side desire to press it into the livery of the exploded Allopathic school. From this it appears evident that we need, above all things, a complete *Materia Medica* on Hahnemann's plan, to serve for the better instruction of the misguided unbeliever. And such a work was probably never more needed, more called for, than by the necessity of the present time, and by the very opposition now raised against Gross' work; and it would have served to instruct these opponents, so that an increased knowledge would have made them capable of using a great work, which they now reject without the least hesitation. Such a complete *Materia Medica* is now more demanded than any other work, and if it is withheld from the profession it will be undoubtedly overshadowed by pernicious fabrications, calculated to flatter that depraved tendency of the times, which springs from a desire to compromise with Allopathy.

L.

At a meeting of the Board of Trustees of the Homœopathic Medical College of Pennsylvania, held on the 14th day of May, the following named Professors were chosen as delegates to represent the College at the meeting of the American Institute of Homœopathy to be held at New York, on the 5th day of June: Drs. Guernsey, Foote, Frost, and Lippe.

PHILADELPHIA HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY

ROBERT J. McCLATCHEY, M. D., SECRETARY.
BUSHROD W. JAMES, M. D., SCRIBE.

The regular stated meeting of this Society was held on Thursday evening, May 16th, and was very well attended. The President, Dr. RICHARD GARDINER, occupied the Chair.

The minutes of the last meeting were read and approved.

A report was received from the *Committee on Cholera*, and the term of service of that Committee having expired by limitation, the gentlemen constituting it, viz., Drs. B. W. JAMES, FROST, LIPPE, LEE and MORGAN, were appointed to serve during the ensuing year.

The Committee of Arrangements for meeting of State Society also made a report, which was accepted.

B. B. GUMPert, M. D., JOHN E. JAMES, M. D., and CHARLES KARSNER, M. D., were proposed for membership, and elected under a suspension of the rules.

The preamble and resolutions looking to the formation of a Physicians' Protective Union, laid over from the last meeting, were taken up, and on motion their consideration was further postponed until the next stated meeting.

In accordance with instructions received at the last stated meeting, the President announced the following Committee, to report on the subject of a proper *medical, surgical and obstetrical fee-bill*, viz., Drs. WM. H. SMITH, A. LIPPE, O. B. GAUSE, B. W. JAMES and S. S. BROOKS.

After some appropriate preliminary remarks, Dr. J. H. P. FROST moved that a Committee be appointed to report to the Society resolutions expressive of the sense of the members in regard to the decease of their late *friend and colleague*, Dr. CHARLES A. LEECH. The Chairman appointed Drs. FROST, JEANES and WILLIAMSON said Committee.

The Secretary then read circulars announcing the forthcoming meeting of the *American Institute of Homœopathy* and the *Pennsylvania Homœopathic Medical Society*, and delegates were chosen to represent the Society in those bodies, as follows:

To the American Institute: Drs. W. WILLIAMSON, ADOLPH LIPPE, S. S. BROOKS, J. H. P. FROST, H. N. GUERNSEY, BUSHROD W. JAMES, and ROBERT J. McCLATCHEY.

To the State Society: Drs. JEANES, DAVID JAMES, W. H. SMITH, LIPPE, W. M. WILLIAMSON, BROOKS, VON TAGEN, A. H. ASHTON, MARTIN, and GARDINER.

Dr. FROST, from the Committee on Resolutions in regard to the death of Dr. LEECH, reported the following preamble and resolutions, which were unanimously adopted:

Whereas, the Society learns with deep regret the decease of CHARLES A. LEECH, M. D., one of its most active members; therefore

Resolved 1, That in the decease of Doctor LEECH we mourn a valuable and enthusiastic member,—zealous for scientific truth; courteous in debate; and an earnest, devoted and successful physician, removed in the prime of life.

Resolved 2, That this Society regards the too exclusive and laborious devotion of our colleague to his scientific studies and to the arduous duties of his profession, as the direct means of thus prematurely closing a life that might otherwise have been spared for many years of continued usefulness.

Resolved 3, That we tender to the family and immediate friends of our deceased colleague the expression of our earnest and profound sympathy with them in their still more poignant affliction.

Resolved 4, That a copy of these resolutions be transmitted to the family of Doctor LEECH, and that they be published in the Hahnemannian Monthly. [See *Obituary Notice*, on page 516.]

The paper on the *Materia Medica*, submitted at the last meeting of the Society and published in the May number of the Hahnemannian Monthly, having been read at too late an hour to permit of its being discussed at that time, was taken up and an animated and interesting debate ensued thereon, which was taken part in by Drs. JEANES, LIPPE, RICHARD KOCH, and MORGAN.

Dr. JEANES opened the subject. He said :

Probably all of us have heard of the embarrassment of riches. We have an illustration of it in the accumulations of our *Materia Medica*. This is clearly shown by the paper read by Doctor FROST, who has well pointed out the difficulties under which we labor. Abridgments and repertories have afforded us aid, it is true, but that aid is very imperfect. In this I agree with him, and therefore do not look in the direction of abridgments for the assistance which we require to enable us more uniformly and certainly to select the proper remedial agents for cases of disease. Depending upon the arbitrament of an author who is most frequently more of a writing than practising physician, there is great danger that in the curtailment of some and the elimination of other symptoms, the useful may be often excluded, whilst the useless may be retained. And as to repertories which embrace all the recorded symptoms furnished by our *Materia Medica*, they must, however sagely planned and skilfully executed, (and it is doubtful whether there can be any great advance in this direction,) be liable to all the objections which are experienced by those at present in use.

A broader field for action and increased materials are required to help us in this matter. It may excite surprise, at first, when told that increased wealth of materials may help us out of the embarrassment of our present riches ; yet, it appears to me, that it will do so. But the new accession of wealth must be in a different kind of property from the old. The present riches may be said, *cum grano salis*, to consist in the symptoms from the pathogenesis of medicines, and the new riches must consist of the remedial effects of medicines as exhibited in the removal of the symptoms of diseases.

When this new material has been accumulated in sufficient amount for the purpose, a repertory may be formed of those symptoms, the pathogeneses of which are confirmed by the remedial action of medicines, as exhibited in well-authenticated and recorded cases of cure. Such a repertory necessitates no abridgment of our *Materia Medica*, but renders this more available by directing the attention to doubly-proved symptoms. Connected with this there might be reference to cases which could be published in an appendix, enabling the practitioner to ascertain the groups of symptoms to which a medicine is peculiarly applicable. This would afford compensation for the loss which we experience from the amputation and separation of the pathogenetic symptoms from their natural attachments and connections. The value of the cured-symptom groups can scarcely be over-estimated. And if

this is what is meant by Dr. FROST when he is speaking of certain views which he attributes to Dr. WILLIAMSON, BÖNNINGHAUSEN and JEANES, I am satisfied, and in this they have been preceded by Hahnemann, who in his preface to the Symptomatology of Krähenaugen, Nux vomica, remarks that this medicine is best suited—*passet am vorzüglichsten*, “when the feelings of the sick are worst in the morning and when he wakes up about three o’clock in the morning, then for many hours with pressure of undismissable, *unabweislicher*, ideas must lie awake, and first about daylight falls involuntarily into a sleep full of heavy, *schwerer*, dreams, from which he reluctantly gets up more fatigued than he laid himself down in the evening; as also by those who in the evening for hours before the time of sleep cannot keep themselves from falling asleep.” Whoever has employed Nux vomica in many cases of this kind knows the great value of this teaching.

There is mention made by Dr. FROST of prominent or characteristic symptoms. What are they, especially the latter? From certain vague expressions which hardly excited my attention at the time I heard them, I have been led to suppose that they are certain symptoms which, after due deliberation by some physician, he has seen fit to arbitrarily designate as such. It would be laughable, were it not too serious, to see the learned man brooding in his study over the pathogenesis of a new medicine, in order that after the proper period of incubation the characteristic symptom should be hatched. What is meant by characteristic symptom I must own that I am ignorant. In my simplicity I had supposed that all the symptoms were characteristic.

Heretofore we have had less perfect means than we now enjoy for the collection of the riches of the remedial symptoms. The Homœopathic journals have been the chief instruments for this purpose up to this time. But now that so many county Homeopathic societies have been established, to which physicians can report their marked cases of cure, the extent of this collection may be abundantly and rapidly increased, whilst the intelligence and principle of the members of these societies may measurably secure the profession from being imposed upon by false statements.

Dr. JEANES was followed by Dr. ADOLPH LIPPE, who remarked:

It has been a disputed point and a questioned propriety to incorporate with our Materia Medica symptoms derived from clinical observations, and I am glad to hear Dr. JEANES, who has just spoken, take side in favor of it. Our friends in old England are opposed to incorporating such symptoms into our Materia Medica, and continually find fault with our doing so. When we prove a drug on well persons we obtain a series of symptoms, and their correctness can only be confirmed by clinical observations. Further clinical observations will give us new symptoms not belonging to the disease proper, but caused in the sick. Such symptoms we set down with a mark of interrogation, and remove it, if, guided by such symptoms in the selection of a remedy, they yield to it. Hahnemann not only incorporated them but found it indispensably necessary in order to obtain a correct idea of medicinal actions. The admission of the usefulness and necessity of incorporating such symptoms as clinical observations confirmed, has been sadly misconstrued, and we are now asked to admit new remedies of which we have only clinical observations and no provings, and are told the subsequent provings will confirm them; thereby putting the horse behind the cart, and this leads to such assertions as this: “*A remedy will cure gastric fever.*” There may be cases in which none of the old well-proved remedies, like Pulsatilla and Tartarus emet. and others, are similar to the state of the patient suffering from gastric fever, and had

we more provings we might find the remedy for such a rare case. When we do talk of a remedy curing gastric fever we do not speak in the language of Homœopathy, but go back to Allopathic language. I fully agree with Dr. JEANES that abridgments of the *Materia Medica* do not give us the desired assistance in selecting the remedy in a given case, but they do facilitate the study of the *Materia Medica* and serve us as guides where to look for a true remedy. The conscientious physician cannot, and should not, study a case from abridgments or repertories. They will be of great assistance to him, but he must go back to the complete *Materia Medica*.

There is another point—a great deal of fault is found of late that we have too many subjective symptoms and not enough of the objective, and to obviate this it is proposed to carry on our provings in a more scientific manner; to examine the provers for objective symptoms; arm ourselves well with all the chemical tests, with hammer, artificial ears, the speculum, etc., and by implication we must carry our provings to a point at which objective symptoms appear. And to illustrate this proposition, I refer here to what we have been taught by Dr. JEANES, "*that Berberis vulgaris will cure some cases of fistula in ano.*" A prover might have eaten all the Barberry root growing in the United States for a century, and would any one suppose it would ever produce on him a *fistula in ano*? If he had been one of the very few, in whose constitution this disease was lying latent such might be the case, but so exceptional would be such a case that it belongs almost to the impossibilities. The subjective symptoms which *Berberis* caused on the well, and which corresponded with the subjective symptoms of the patient, induced Dr. JEANES to administer it to patients suffering from that disease, but it does not follow that while *Berberis* cured just such cases, that all cases of *fistula in ano* could be controlled by that remedy. In other cases *Causticum* or *Silicea* or *Fluor. ac.*, or any other remedy, will cure the patient, provided the subjective symptoms characteristic of the remedy are also characteristic of the patient; and if we carry provings to such an extent as to obtain in some instances objective symptoms, they are really of very little, if of any use to us. We all know well the poisonous symptoms of *Arsenic* and the symptoms this metal manifests when it destroys life: and if we find such similar symptoms in a patient, *Arsenic* does not cure. The destruction of life is not disease, it is the destruction of the individual. If a drug causes symptoms similar to those following disease, when it ends finally in health, such symptoms are valuable and reliable. Death is the end of the patient but not of the disease; the end of the disease is health. If we wish to go on progressively we should first of all have a complete *Materia Medica*, consisting of all the treasures left us by Hahnemann, and add to it all the provings and clinical confirmations since, now scattered through various works, monographs and medical journals. We may later hope for a repertory to facilitate the use of such an indispensable standard work.

Dr. RICHARD KOCH said that in order to allow cures effected by a remedy to be entered into our *Materia Medica*, as pathogenetic symptoms of that remedy, a good reason ought to be given and a distinction made. He thought that as medicines proved on different individuals produced different symptoms, this variety is due to a constitutional predisposition of the individual by whom the proving is made, and that this constitutional predisposition or taint is very often hereditary. For instance, various remedies, as *Nux vom.*, *Ars.*, etc., may produce rheumatic pains in one and not in another prover, because of his disposition to rheumatism. Therefore, if we effect a cure with a remedy which has no such symptoms marked down in the *Materia Medica*, as was in

the illness which it cured, we may infer that the remedy had not yet been proved by a person with such a constitutional taint as to produce a similar complaint. It would therefore be well to add these symptoms cured to the symptoms produced by proving, but always to note with them carefully the constitutional taints, and other circumstances of the case. If *Berberis* cured *fistula in ano* he had no doubt it would have produced it in a prover who had a predisposition to that disease, of probably a tuberculous constitution, as these two often go hand-in-hand. It is evident that there is a *disposition to fistula in ano*, from a recurrence of it in the same individual.

In order that this improvement in our *Materia Medica* may be attained we must pay just as much attention to objective as to subjective symptoms, and then chemical analysis, *speculæ*, &c., must come in use.

Dr. J. C. MORGAN said it was he who had stated that in provings we should observe the objective symptoms, as afforded by auscultation, percussion, the microscope and the chemical tests applied to the secretions and excretions; and maintained that as Nature never lies, her voice, even to the slightest whisper, is to be listened to. True, it may require a high grade of professional knowledge to carry out this suggestion, and lay provers could do but little; but the medical man who conducts the proving, can do it himself, for he surely must be able, to a good degree. How easily may every one, with a few pieces of litmus and turmeric paper, for instance, test the acidity or alkalinity of the secretions of the mouth, etc., in conjunction with the register of subjective symptoms, and who will say that they may not be duplicated, as well as any others, in natural disease?

The case of congestive fever before alluded to, if it had been examined by physical exploration when his inability to speak English was discovered, his liver would have been found greatly enlarged, and other marks of congestive fever developed, and from this diagnosis, with objective records of provings, a good prescription made. If it be asked of what use would be an objective diagnosis, this is the answer: it makes the difference of *life and death* to such a case as this. What, too, can be done in veterinary practice, as Dr. WILLIAMSON has suggested, without objective indications? Let us settle it, then, forever, that the voice of Nature in objective traits is addressed to the careful attention of every true physician.

Dr. R. KOCH observed, in corroborating the remarks of Dr. MORGAN, that we are not always placed in a position to note the subjective symptoms alone. When engaged in the State Lunatic Asylum he, having asked a patient, for instance, about his headache, and receiving for answer "go to the —," or other profanity, could not arrive at subjective symptoms. If he had not used his eyes in such cases, and resorted to the speculum or other appliance for examination, he would have been unable to ascertain the disorder of the patient, or to relieve him. An observer of subjective symptoms alone would, under such circumstances, have labored under great disadvantages.

Dr. J. JEANES remarked that it had been said that a physician should be a good cook and know a little of every thing. He believed in the saying; for a physician, to understand his case, has generally to make use of his ears, his eyes, his nose, and in fact all his faculties.

He was very much afraid of a remedy that produced strong objective symptoms and for this reason he had upon a former occasion expressed his fears of the *Cubebs* after he read the symptoms, because the objective symptoms were so strongly marked in the published proving of this remedy.

Clinical experience confirmed the symptoms produced in the proving

of a remedy. In his earlier years of Homœopathic practice he had gained much from the German journals in this way as well as from the provings. But it was hard work to look over the sixteen hundred symptoms of *Nux vomica* and remember them. When a number of remedies are to be looked over, or the whole *Materia Medica* studied, we could not remember all the symptoms, we become confused. Hence he thought there was a great necessity for establishing in some way a record of well-authenticated cases of *cured* cases of disease, and *truly* cured cases by Homœopathic remedies.

He agreed with Dr. LIPPE that we must travel from the proving of a remedy to its remedial action and from that to the *Materia Medica*, and incorporate them.

There are shades of difference in the symptoms, so that a remedy does not cure all cases that has its symptoms.

Although each case is an individual case, yet, concerning the names of disease he thought them of use; they are necessary things. He thought there was a good deal in a name. We say dysentery;—well, it expresses a condition. We say one man has dysentery, and we mean that he is in a certain diseased condition. We say that another has dysentery also, and yet his symptoms are unlike the first case, yet the term dysentery expresses, in both cases, the main features or basis of the diseased condition; still we do not know where to make a dividing line exactly between diarrhœa, dysentery and cholera.

The symptoms of destruction cannot be met.

Take, for instance, warts, which show a very great alteration of structure. They are very unsightly. If you put on caustic you make them disappear, but you have a cicatrix always after. He doubted if any remedy in the proving will produce such alterations. We have the appropriate remedy that cures the patient, and they disappear, leaving a smooth skin, but we know not how this is produced.

MIAMI HOMŒOPATHIC MEDICAL SOCIETY.

This Society held its regular meeting at Gendale, at the residence of Dr. A. Shepherd, on Thursday, May 2d, inst. The meeting was called to order at 10 o'clock, A. M., by Dr. Bosler, the President, in the chair. The minutes were read, and roll called, and several new members elected.

Dr. Emmons, the Treasurer, having removed beyond the jurisdiction of the Society, the office was declared vacant, and Dr. J. M. Parks was elected to fill said vacancy.

Dr. Markt, of Hamilton, being present, was invited to a seat in the Convention, and to participate in the deliberations of the Society.

Dr. Parks read a valuable and instructive essay on Diphtheria, which, upon motion, was accepted.

The Doctor gave a history of the introduction and prevalence of the disease in this and other countries. Also a full description of its symptoms and different phases. He also related several interesting cases illustrative of his treatment of the disease. He relied mostly upon *Kali bichromicum*, *Aconite*, *Phytolacca*, *Mercurius solubilis* and *protiodatus*, and *Kali chloricum*.

Dr. Bosler cured all of his cases with *Kali chloricum*, second trituration, and *Mercurius prot.*, second trituration. He also gave large doses of whiskey punch, without any sense of intoxication.

Dr. Dever cured his cases with high potencies.

Dr. Thomas used similar remedies as Dr. Parks, and always the low potencies.

On motion, the Society adjourned till after dinner.

AFTERNOON SESSION.

Meeting called to order at 2 o'clock, P. M.

Dr. Webster, read an essay, on Hysteria, which, on motion, was accepted.

The President read an eloquent inaugural address, a copy of which was requested for publication in connection with the proceedings of the Society.

Dr. Dick read a practical essay on Syphilis; the remedies were Mercurius solubilis, Nitric acid, and Arsenicum; also Thuya for Venereal Warts.

Dr. Dever read the report on the single remedy, which was, on motion, accepted.

Dr. Shepherd read a highly interesting essay on high potencies, whereupon arose a warm and animated discussion, participated in by Drs. Parks, Dever, Owens, Thomas, Shepherd, Webster, Linn, Bosler, and Coffeen.

Dr. Thomas has seen cases where the high potencies were used with success, while in other cases the lower potencies were more strongly indicated. He thinks in violent acute diseases the lower attenuations are preferable to the higher ones.

Dr. Dever never gives a lower attenuation than 30, and sometimes the 200.

Dr. Parks did not believe that there were any virtues in the very high potencies.

Dr. Owens gave his experience in high potencies in various diseases; gave a female patient, afflicted with a violent attack of Asthma, the ten thousandth attenuation, which relieved her almost instantly.

On motion, Dr. Shepherd's paper was accepted.

On motion, Dr. Webster was appointed a delegate to the Pennsylvania State Homœopathic Medical Society of Philadelphia; also, to the American Institute, at New York.

On motion, the Chair was appointed a delegate to the Western Institute at Indianapolis.

On motion, the thanks of the Society were tendered to Dr. Shepherd and his excellent lady for the liberal and bountiful entertainment which they so cheerfully afforded to the members present.

The following persons were appointed to read essays at the next meeting, viz.:

Adaptation of Low Potencies—Dr. E. B. Thomas.

Bronchial Catarrh—Dr. J. Q. A. Coffeen.

Secondary Syphilis—Dr. Linn.

Cerebro-Spinal Meningitis—Dr. Owens.

The best manner of Preparing High Potencies—Dr. Dever.

Relation of Homœopathy to Surgery—Dr. Parks.

Asiatic Cholera—Dr. Webster.

Diseases of the Uterus—Dr. Dick.

Diseases of the Heart—Dr. Shepherd.

Intermittent Diseases—Dr. Vance.

On motion, the Society adjourned, to meet in Dayton, on the first Tuesday in next November, at 10 o'clock, A. M.

W. WEBSTER, M. D., [*Dayton, Ohio,*]

Secretary.

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THE VALUE OF OBJECTIVE SYMPTOMS.

Read before the Philadelphia Homœopathic Medical Society.

BY ADOLPH LIPPE, M. D.

Living as we do in an age of contentions and strife, in an age in which progress, the order of the day, meets with an actively engaged opposition to retard it, in an age in which compromises are supposed to accomplish what a strict adherence to principles seems difficult to procure, we can not wonder that professed friends of Homœopathy should again appeal to old prejudices and clamor for the most superior value of Objective Symptoms, and that they solemnly declare, under a poorly disguised claim to superior knowledge, that the progress and final salvation of our school depends on them. We find them imitating Dr. H. Hughes (one of the editors of that pseudo-Homœopathic journal, "The Monthly Homœopathic Review,") who in debate said* after he had cited inaccurately a cure of pneumonia by *Podophyllum*, in which cure the physician in the choice of the remedy had not

* Vide Annals of the British Homœopathic Society, No. XXVI., (March, 1867,) p. 145.

been guided by the Objective Symptoms, but solely by such as were characteristics, both of the patient and the remedy, (Podophyllum,) "*If this was Homœopathy, he could only echo Hufeland's prediction that it would be the grave of science.*" To this learned remark a plain rejoinder might be put in, which is this, "*It would be far better that science were consigned to the grave before it sends the patient to that place.*" If Homœopathy was accepted as taught by Hahnemann and as practised by "Podophyllum Bell," and cured the patient, the object of medicine was truly accomplished, and Homœopathic science was saved from perdition.

The continuous and strenuous opposition to pure Homœopathy, appealing to old prejudices and ever anxious to compromise with Allopathy, is constantly changing its base; at one time they attack the theory of potentization, at another the single remedy; and either attack failing to gain the desired end, and coming as they do out of the conflict much the worse and badly beaten, they return to the contest in a new dress, and, claiming superior knowledge, affirm dictatorially the superior importance of the Objective Symptoms, both for ascertaining the state of the patient (the disease) and for the determination of the curative action of the medicines.

Objective Symptoms form a part and portion of the patient's condition; they belong to him, they must be noted and receive all the consideration to which they are entitled. Objective Symptoms, or what is often understood by them, a changed pathological condition of the organs or structures, are not always present in all cases; and it may be as well to remark at this time that the most careful physician will so manage his cases as to prevent this pathological condition. If Skoda, as quoted at our March meeting,* "*forms his diagnosis by the Objective Symptoms alone,*" he may be all right in his own way, but we are not obliged to accept his mode of forming a "diagnosis." And allow me to repeat once more what has been so often said, that in this particular we differ from

* Vide Hahnemannian Monthly, Vol. II., p. 474.

Skoda and the whole Allopathic school, that we treat *patients*, and that our aim is to obtain a full, correct picture of the abnormal condition of the *patient*; that this is our diagnosis; while Skoda & Co. must form a diagnosis by the Objective Symptoms alone and be guided by this diagnosis, by a mere name of a disease, in their treatment. The results of these opposite modes of treatment are the only criteria of the correctness of the one or the other mode of practice, and our appeal is to the experiment.

The followers of Hahnemann all agree that the totality of symptoms, including all the observable Objective Symptoms, forms the true picture of the diseased condition of the *patient*; and while applying the law of the Similars, we also find in our *Materia Medica*, Objective Symptoms. And this being so, let us see, first, how we came to obtain and to incorporate into our *Materia Medica* these Objective Symptoms; and second, let us see what is their comparative value for the cure of the sick.

The first proposition can be well illustrated by turning to our *Materia Medica*, both old and modern; and this historical analysis is open to everybody's inspection and criticism; and with your permission I will take up, for this purpose, *Platina* and *Apis mel.* In Hahnemann's *Chronic Diseases* we find, under the uterine symptoms of *Platina*, the provings Dr. Gross made on his wife,—furnishing the subjective symptoms; and all the other uterine symptoms appear to be the results of clinical observations, and were incorporated into the *Materia Medica* by Hahnemann himself. We find Symptom 286, “Painful bearing (pressing) down as if the menses would appear, at times with pressure to go to stool, drawing through the groins over the hips towards the small of the back, where the pain continues for a longer time;” and Symptom 287, “Painful sensitiveness and continuous pressure on the mons veneris and in the genitals, with internal, almost continuous, chilliness and external coldness, (except on the face.) Symptom 289: The painful pressure, as if the menses would appear, disappears when lying down in bed in the evening, but returns

as soon as she rises in the morning." Hahnemann now adds, evidently a clinical observation, and incorporates an objective fact in the Symptom 288, "Spasms and stitches in the indurated uterus." The subjective symptoms 286, 287 and 289, observed by Gross, no doubt induced Hahnemann to give *Platina* in uterine diseases, and he was now enabled to add an objective symptom, "indurated uterus;" but he takes good care not to give it alone, as then it might be misconstrued into an assertion that *Platina* would cure all cases of indurated uterus; he couples it with the subjective symptoms, spasms and stitches in the indurated uterus, and gives this clinical observation a characteristic point,—thereby enabling the physician to determine under what circumstances *Platina* will and must cure an indurated uterus. This analysis of Hahnemann's *Platina* provings establishes these two facts.

1. The subjective symptoms indicated *Platina* in a form of disease in which an objective symptom and a changed pathological condition predominated, which *Platina* had not caused on the prover.

2. The Objective Symptom, as the result of a clinical observation, was incorporated into the *Materia Medica*, and to it were added the guiding subjective symptoms.

In Hering's American Provings we find, under *Apis mel.*, Symptom 685; Pain as from a sprain in the region of the left ovary, worse when walking, in the evening at six; in a few hours the same pain on the right side,* with pressing downward and sensation of lameness in the shoulder-blades; she is compelled to bend forward when she walks, on account of a constrictive, painful sensation in the abdomen; the following morning some sensation remains on the left side. Symptom 686. A fine cutting pain from the left side of the abdomen, (from the left ovarian region, extending over to the

* Will the British Journal please take a note of this, like other similar trifling occurrences, and compare the clinical observations of "Observers?" *Apis* cures in the reverse direction in which the symptoms came.

right side when stretching herself in bed;) it was first quite mild but became more violent every time she stretched herself, which she did five times, then it ceased, (evening of the 7th day.) Symptom 687; Drawing in the region of the right ovaries, (the 20th day.) These three symptoms are the observations of one lady, and from the 30th potency. Symptoms 689 and 690 are clinical observations, and begin to give indications for the use of Apis. S. 689; The numbness and dullness in the right side of the abdomen (extending from the ovary) towards the hip spreads now to the ribs and downward over the right thigh; better when lying on it. 690; Great aggravation of the pain and sensitiveness in the ovarian region in a case of considerable induration, and in another case, where it was only beginning.

And now come the clinical results also incorporated into the *Materia Medica*. Symptoms 692; Sharp, cutting, stinging pain in the swollen ovary, with scanty urine and retarded stool; 693. Inflammation of the ovaries; 694. Dropsy of the ovaries; 695. Hypertrophy of the ovaries; 696. Hypertrophy and induration of the ovaries, principally on the right side, with pain when stooping and when beginning to walk. This analysis of Hering's Apis proving establishes also some facts.

1. The subjective symptoms indicated Apis in a form of disease in which an Objective Symptom and a changed pathological condition predominated, which Apis had not caused on the prover.

2. The Objective Symptom, as the result of a clinical observation, was incorporated into the *Materia Medica*, and to it were added from the same source some guiding subjective symptoms.

Our *Materia Medica* received, as we have illustrated, the objective symptoms by means of the subjective symptoms both in the metal proved in Europe and in the animal poison proved more than thirty years later in America. And having shown how we came to incorporate objective symptoms into our *Materia Medica*, we will further see of what comparative value they are for the cure of the sick.

We are taught by Hahnemann, in his *Organon*, that we must note *all* the symptoms of the patient in order to obtain a full and correct picture of the case to be treated, and then select the similar remedy. All the symptoms comprise all the objective and subjective symptoms; and we have no right to set either aside, if we first can obtain them, and if the simile is known to us. As the subjective symptoms of the provers have led us to prescribe remedies of which the objective symptoms also present in the patient had never been observed by the provers, and while we thereby were enabled to cure such objective symptoms, we may with safety and confidence continue to follow these precedents. The objective symptoms, as in the above illustrations, may call our attention to Platina in an indurated uterus, and to Apis in Inflammation, Hypertrophy, Induration, or Dropsy of the Ovaries; but we would meet with disappointment and certain failure in a large number of cases were these objective symptoms alone to guide us. Our attention is called to them, and if the other characteristic, often seemingly unimportant, symptoms of the patient also correspond with those of the remedy, we will not be disappointed, and success must follow. One symptom alone, let it be objective or subjective, should never determine the choice of the remedy; this one symptom only calls our attention to one or more remedies, and the other symptoms and conditions also present in the case must be well considered and the simile must be found.

The tendency of the present day is to go back to the objective symptoms, to set aside the subjective symptoms, and reduce our *Materia Medica* to a pathological picture-book. Our English friends object most earnestly against the incorporation of objective symptoms, the results of clinical observations, into our *Materia Medica*, and we are here admonished to carry our provings to a point at which objective, pathological, structural changes are accomplished. The illustrations above given show both parties to be in error, and that that error has its origin in a neglect to study analytically our *Materia Medica*. The objective symptoms obtained by involun-

tary provings (poisonings or Allopathic treatment) have little if any value for practical purposes. And the attempt to prove medicines, till pathologically changed conditions of the organs and tissues are obtained, will prove a failure for ever. Even if a possibility existed that such changes could be produced, it would still be an almost impossible task to obtain them. We return to the illustration of Platina. Would we find women willing to take that metal till the uterus became indurated, and would they be willing to be examined per speculum from time to time till such changes became apparent? Thank God for a predominant modesty of the tender sex, and I for one would beg to be excused from selecting such a strong-minded woman who would submit to these examinations for a prover; I should have very little confidence in her veracity, and must confess that my own sense of propriety, if not my modesty, would be a bar to such proceedings.

In the illustration of Apis we would meet with other difficulties, and suppose for argument's sake that the objective symptoms enumerated under Apis could be produced on the prover, it would not be possible to ascertain the pathological structural changes with any certainty; and we all know full well what fatal mistakes are made daily by the best Pathologists, and how often they find their diagnosis false when they attempt the various operations for supposed diseases of the ovary. Accepting then the objective symptoms as part of our *Materia Medica*, we accept with them all that is true and useful in Pathology. We make Pathology subservient to Homœopathy, but not *vice versa*. Allow me to give a passing illustration. The Pathologist might learn from us, and might have done so in the debates of this Society. When discussing scarlet fever we had certain facts laid before us.

1. Whenever the urinary secretion became scanty in the beginning of the disease, serious symptoms were to be guarded against.

2. The amelioration of very grave cases of scarlet fever

manifested itself first under the action of *Arum tri.*, by an increased secretion of pale urine.

The Pathologists dwell on the albuminous urine during the progressive stages of the disease, but I for one have not yet found a single remark from our very learned friends as to the necessity of carefully watching the urinary secretions at the very outset of scarlet fever, and I know they neglect this persistently. And what good could it do the Pathologist or the patient, if he is not a Homœopath. Pathology would demand diuretics, and surely they would not mend the case.

Again, pathological anatomy cannot give any satisfactory solution of the effects of medicine. It is proposed to ascertain by means of the chemical analysis the process of the changed organic life and with it its changed condition, which the medicine has produced; it is proposed to draw these conclusions from the changes which the medicine has made in the expectoration, urine, fauces, perspiration and exhaled air, all of which is an impossibility. To give and prove medicines according to such theories is more than risky, as the chemical action constitutes the opposite of organic life. I will further show how it is practically impossible to carry out this mode of investigation. Suppose we possess the chemical analysis of all the secretions caused by a remedy, and wish *ourselves* to apply them under the Homœopathic law of the similars. We must accordingly analyze with great accuracy and very frequently all and every secretion of the patient. The analysis must be very accurate, for a few atoms of oxygen, hydrogen, carbon, nitrogen or chlorine may change the most innoxious substance into the most noxious. If such a course were to be pursued consistently and conscientiously, one physician could not well attend more than one patient a day. It is, however, evident that a physiological action does not necessarily depend on a chemical action, and *vice versa*; on the other side it is true that the chemical and physical processes are subservient to the organic life. Further, many animal and vegetable substances, as Opium, Moschus, Castoreum, are so changed in the organism that they have as yet not been

found in the blood or structures. Still they cure. Some of the salts, Tannin, and many acids, possess the chemical property of coagulating albuminous formations in the intestines or in the blood,—they all have the same chemical effect, and yet how great the difference in their organic relations and in their effects on the organism.

An effort has been made here to illustrate the utility of Pathology to the Homœopathic profession. The illustration has been twice offered. It is said that some years ago a case was received into the Pennsylvania Hospital. The man spoke only the Swedish language; no thorough examination was made, and on the next night he died in the water-closet, evidently of “congestive fever.” It is further claimed that a careful application of Pathology, of objective symptoms, selecting the similitum, might save life in such a case.

Admitting, for argument’s sake, that the objective symptoms of a living mute would reveal the existence of “congestive fever,” what would be the simile, let alone the similitum, in such a case? Chininum sulphuric, or Gelseminum, or Baptisia, or Belladonna, or Aconitum? One of them? Or in alternation? Or in a mixture? Had a Homœopathist been present and known nothing else but that the patient had “congestive fever,” he would have been at a loss what to do, but he would very likely have discovered more symptoms, objective and subjective, at least as late as when the mute rose and walked to the water closet; he must have had an object in going there, and the revelation of more symptoms might have been made at that place. What did he do there? What did he deposit? and how did he do it, with or without pain? in what position? what was the character of the deposit? The secretions might have been tested with litmus and turmeric paper. Even the microscope might have revealed anomalies, and life might have been saved, but only by making Pathology subservient to Homœopathy.

To reject all objective symptoms or to neglect Pathology, would surely stamp a man as a fanatic and ignoramus in these days, and it would have been just as absurd to reject chem-

istry in the middle ages, because the students of that science followed it in order to "make gold" and become alchemists. Absurd as was the end they sought to accomplish, their experiments furthered the science of chemistry. And so it is in our days with Pathologists; they fondly hope to find a unity of diseases, and specific remedies for them; and while we keep clear of their illusions, we profit by the occasional advancements of the medical sciences which result from their researches,—thereby making Pathology and all other collateral branches of medical science subservient to Homœopathy.

But notwithstanding the invectives here uttered on a former occasion, and invectives are no arguments, I *do* contend that "*there is no possibility of reconciling Pathology with the truths that Hahnemann taught.*" We accept Pathology for what it is worth; and making it subservient to Homœopathy is far from forming a union with it, or bringing the contending parties to a state of friendship. If the unity of disease were admitted, then Pathology would lay in its valid claims for an equal share of consideration with Homœopathy. But the unity of disease is not admitted; and the different stages of it, and the peculiarities of individuals, bring us back to the truths taught by Hahnemann and not accepted by Pathology. What does it signify to a Homœopathician if the objective symptom (the eruption) shows him that he has a case of scarlet fever before him? How can Pathology, the scarlet fever, be "*reconciled*" into Homœopathy, except by prescribing for the scarlet fever a remedy which causes a like eruption on the well, and setting aside all the other insignificant, small, individual, trifling, subjective symptoms. Such a practice of Homœopathy would be like the play of Hamlet with Hamlet left out.

We can further illustrate the true position of Homœopathy and Pathology. And the unity of disease not yet having been admitted, we might suppose that the greatest unity of diseased conditions might be caused by large doses of a medicine, and that one and the same antidote would serve in all cases to remove the ill results of the strong-acting remedy;

and that at least on such an occasion Pathology and Homœopathy might be reconciled. Far from it. Let us take up *Veratrum album*, a well-known vegetable remedy, known to the ancients. The White Hellebore was a famous remedy of Hippocrates; and, under his crude practice, evil results often followed its administration. As an antidote, Hippocrates gave "*Cisamoides*," also a vegetable, and Dierbach (in his remedies of Hippocrates, p. 115) thinks, according to Theophrast, this remedy to be the seeds of the White Hellebore, and it was also given for quartan fever and vomiting. But, says Hippocrates, in Section V., it is fatal if convulsions appear after the administration of the White Hellebore—" *Convulsio ab elleboro lethale*." The crude generalizer was satisfied to possess *one* antidote, and never thought of diminishing the dose, and thereby preventing fatal results by the convulsions, or even the necessity of an antidote. How differently does Homœopathy treat such cases; and if the great susceptibility of a person to the effects of *Veratrum alb.* indicates the use of an antidote, that antidote cannot be the same in all and every case. Hahnemann says, in his *Mat. Med. Pura*, 2d edit., page 329: "Sudden bad results of *Veratrum* are most surely relieved by a couple of cups of strong Coffee. But if there are principally present pressing headache, with coldness of the body and stupor, with unconsciousness, then Camphor is the antidote. If there is present an anxious despair, with coldness of the body, or if accompanied even by a burning sensation in the brain, then Aconite is of service. The other remaining and long-lasting effects of *Veratrum*, for instance, the daily fever, recurring before midnight, is removed best by *China off.*, in small doses." And since there is no unity of action of one medicine, and the diversity of its action on different individuals, under different circumstances, requires different antidotes for those various conditions; and as there is no unity of diseases, and as different individuals, under different circumstances, require different remedies, we shall ever be compelled to individualize, if we wish to be consistent and successful; and no garb of

apparent learning will ever pave the way to an inconsistent generalizing practice under the assumed name of Homœopathy. And for these reasons, therefore, there can be no possibility of reconciling Pathology with the truths that Hahnemann taught.

The further development of our *Materia Medica* lies in the opposite direction. The proving of drugs in massive doses, frequently repeated, till objective symptoms are developed, as has been proposed, is objectionable for various reasons :

1. The objective symptoms alone give us no indications for the administration of the remedy.

2. Massive doses, frequently repeated, should they cause objective symptoms, would cause with them an incurable disease.

3. The experiment has shown that massive doses, frequently repeated, (as *Thuja* proved in Vienna,) have revealed but few useful symptoms, and caused life-long sufferings.

The Vienna provings of *Natr. mur.* show clearly that the potencies have furnished us with the most valuable symptoms. And in this direction alone can we look for an advancement of our *Materia Medica*. Even the provings with the higher and highest potencies have developed such wonderful new symptoms, found reliable as guides for the cure of the sick, that it is much more advisable to prove them carefully than to go back to massive, destructive doses. And as the symptoms produced by the higher and highest potencies are all, with rare exceptions, subjective symptoms, and as they give us a better knowledge of drug-action; so do subjective symptoms, observed on the sick, give us a greater and better knowledge of his diseased condition, and facilitate the cure of the sick.

Our aim is to cure the sick, and if the Pathologists desire a reconciliation they must accept Hahnemann's teachings. Guided in their diagnosis by objective symptoms alone, they fail to cure; guided by the teachings of Hahnemann, we do not fail to cure. And as opposites cannot be conciliated, so can there be no reconciliation between the followers of Skoda and those of Hahnemann. Their ways lead the patients in different directions: Skoda's go where he wants them, to the dissecting table, that Science may live; Hahnemann's live, and return to health and usefulness. And there can be no other inference drawn from the imperative command to conciliate the two, but that we also should send our share of patients to the dissecting table; and against any such reconciliation I, for one, hereby respectfully protest.

THE MEETING OF THE INSTITUTE.

BY J. H. P. FROST, M. D.

Memorable in the annals of Homœopathy will ever be the meeting of the Institute in New York, in June, 1867.

Whether respect be had to the number, dignity and eminence of the members present, to the multitude of those proposed for admission, to the extent, variety and ability of the Reports and other Papers presented, to the intrinsic interest and high importance of the subjects discussed, or to the courteous earnestness of the discussions themselves, this meeting will ever deserve to be esteemed one of the most influential and useful of all the sessions of the American Institute of Homœopathy.

And notwithstanding the fact that a very large number of those present had passed the time when they could be called young men,—and perhaps all the more because they were no longer young,—we could not but feel, as we marked the individual members of this noble assembly, a consciousness of the power and growing strength of Homœopathy in America. For this was the Homœopathic Senate, and these *Patres Conscripti* were men worthy to sit in council; truly representative men, appearing not alone for large masses of the people who honor them as physicians, but also for great numbers of younger practitioners who look up to them as fathers and preceptors in medicine. And the sense of the present grandeur of Homœopathy and the anticipation of its still more glorious future, which came to us as the *sphere* of that assembly, made ample amends for many an hour of heart-weary dejection; and, in common with others, inspired us with a more earnest determination *to work while the day lasts*.

Twenty-three years ago the most eminent disciples of the then but little known Homœopathic School, met in this same city of New York, and founded the American Institute of Homœopathy. And wonderful to tell, twenty-three of those

who thus first met in 1844, were present at the meeting in 1867! A large proportion,—and when we remember that many of these were even then in the middle age of life, and that all have been engaged ever since in active practice, this single fact,—well worth the notice of our life assurance officers,—will go far to prove that Homœopathy, while manifestly prolonging the lives of its patrons, does not do it at the expense of those of its practitioners.

Three hundred physicians then comprised the Homœopathic profession in America, now numbering more than three thousand. Two hundred and fifty members were actually present,—and all wide-awake,—at this meeting. While more than fifty Homœopathic societies and other institutions were represented and presented their reports,—without counting the Homœopathic “Third Estate,” an independent “body politique,” of no mean power or pretension, which naturally and *ex-officio*, represents Homœopathy *everywhere*.

The reports of the Bureaus of Materia Medica,—of Surgery,—and of Statistics and Organization, were very interesting and valuable,—the former too extended to be read in full;—these reports alone will go far to render the forthcoming volume of Proceedings indispensable to every physician. The very valuable report on Medical Ethics, although necessarily long, was listened to with marked attention, and being of great and immediate practical consequence was, after some desultory debate, referred to a sub-committee for more particular examination and comparison. Their report elicited a general discussion, in which the importance of the matters set forth was only equalled by the earnestness, ability and courteousness with which the debate itself was conducted and concluded. But without coming to any decision respecting sundry questions connected with Medical Ethics,—concerning which considerable difference of opinion prevailed,—the original report of this Bureau was directed to be printed in the Proceedings, in order that the whole subject, being maturely considered by the members during the year, might be finally acted upon at the next annual meeting.

The question of admitting "properly educated women," as members of the Institute, also occasioned a very animated, protracted and exciting discussion; and was, for the present at least, settled negatively by a small majority. Much feeling was developed; and in private the more enthusiastic of the "Ayes" might be heard reassuring one another with confident expectations of "better luck next time;" while the "Noes" openly declared that their defeat would have caused a rupture in the Institute!*

These two, intensely interesting and, in the warm weather, very exciting discussions, unexpectedly indeed, but by no means unprofitably consumed a large portion of time; so that quite a number of reports and individual papers of no small importance, could only be announced by name as presented, and by vote referred to the Committee on Publication. Among these was the Report of the Chairman of the Bureau of Obstetrics,—which, by especial request and permission, will appear in the present or subsequent number of the Monthly.

Through the courtesy of the able and active Secretary, we are enabled to present our readers at once with a full and accurate report of the late meeting of the Institute. But the profession will look with great interest for the publication of the entire Proceedings, including the many and valuable papers presented;—this publication, delayed last year by causes absolutely beyond the control of the Secretary, we are assured will now very promptly make its appearance. And only when this forthcoming volume shall be in the hands of all the members, will they, and, through them, the profession at large, awake to the immense value of the Institute, and to the corresponding importance of making its growth and usefulness commensurate with the development of Homœopathy in America and in the whole world.

But there is one danger. What a misfortune if the

* QUERY: For a "radical republican" of the old school, was not J. Milton, Esq., rather hard upon woman, in the *Paradise Lost*?

American Institute of Homœopathy, like the American Nation, should become too powerful as a means of good for the many to be deflected to the interest of an individual? "'Tis true, 'tis pity, and 'tis pity 'tis true," but the truth of history compels the statement that the American Institute at its last meeting, revolving majestically upon its own axis, took small notice of other axes!

The able and eloquent address of Professor Cooke, although prepared in the expectation of an audience more popular and less professional, was excellently well delivered, and equally well received.

To the Committee on Arrangements, headed by the untiringly active and almost everywhere present H. M. Smith, M. D., the members of the Institute, without exception, feel themselves under the very greatest obligations. For by their sedulous attention to the individual comfort of the members, by their careful provision of caravanseries for the strangers,—and by their bountiful and luxurious noon-day "lunches" and evening "refreshments," they saved an immense amount of time and trouble to the members of the Institute; prevented those from a distance from being lost in the wilderness of a vast city; rendered possible afternoon sessions equal in duration and importance with those of the morning; and promoted and secured that cordiality and genial kindness of feeling and that harmonious co-operation in action, which not only made this meeting of the Institute a splendid success, but which will continue to render it powerfully efficient in advancing Homœopathy throughout the length and breadth our land.

And, finally, if there were any one thing which more than another could bring substantial cheer to those who had toiled long and earnestly and patiently and faithfully, under circumstances oftentimes most discouraging, for the "faith once delivered to the saints,"—it was found in the high-toned *esprit du corps* in favor of strict and even radical Homœopathy, which evidently inspired this noble convocation, and which spontaneously and powerfully manifested itself on several occasions. Without the influence of this uniting and elevating spirit, the Institute itself would fall asunder by its own weight, or, still worse, become

"Monstrum horrendum, informe ingens cui lumen ademptum."

CLINICAL CASES.

BY DR. C. C. SMITH.

I read with much pleasure and profit the article by Dr. Lippe, entitled "Our Three Fundamental Principles."

Just previous to the appearance of the paper alluded to, I had the opportunity presented me of verifying the statements there laid down, as I have done many times before when I have taken the proper care to select a truly Homœopathic agent.

I was called to see a young babe suffering with aphthæ. This, however, was not the only difficulty in the way, but connected with the sore mouth was a constant disposition to vomit. Had I prescribed at this juncture, from the symptoms thus given by the nurse, in a routine way, I would probably have given the child one of the many prominent remedies laid down for aphthæ in the books, viz., Borax, Acid Sulph., Nux, &c.; but this I did not do. On the other hand, I examined the case as closely as possible, and found that the little patient vomited its milk immediately after nursing in large quantities; that there was nausea immediately preceding the vomiting, accompanied with *profuse lachrymation*. I then gave the proper similimum according to the *characteristic* symptoms, which is "Ant. tart.," and in a few days the case was cured.

The potency used was the 30th.

BY DR. CONSTANTINE LIPPE.

E. H., æt. 16, has suffered for some years from asthma, which is generally worse at night, about 10 P. M.

Sensation as of a plug in the larynx, which impedes respiration; cannot lie down. Gets easily tired from walking, and becomes short-breathed.

When suffering from the asthmatic attacks he cannot swallow water. Says he is afraid of it; nor can he see it, as it almost puts him in convulsions.

After one dose of Hydrophobin,²⁰⁰ he had no return of asthma for ten days, and the peculiar difficulty in regard to water had entirely vanished.

M. W., æt. 2 mos. Congenital umbilical hernia. Aphthæ worse on the gums and inside of the cheeks. The white color is always more prominent after nursing.

Nux v. 45^m was given, with only slight relief; in a short time the child was as bad as ever, both as regards the hernia and aphthæ. In addition she vomited the milk after each nursing, at times sour, again water, and at times just as she had taken it. There was a cold perspiration, principally on the feet.

Calcareæ 85^m Fincke, one dose, and the child has remained well and is thriving wonderfully.

Mrs. M., æt. 47. Diarrhœa, worse at night; watery, painless. Every motion brings on the desire for a stool. Sulphur²⁰⁰, after which she felt much relieved, and two days after complained of much rumbling in the abdomen before the stool. Aloes²⁰⁰, one dose, cured.

W. R. F., æt. 35. Painless diarrhœa, worse at night; stools liquid, of dark-brown color; scanty, but frequent. Sulphur 45^m Fincke, in water, changed the character of the discharges in three hours, and the patient recovered without any more medicine.

Miss N., æt. 18. Diarrhœa, preceded by rumbling in the abdomen. Stools of dark color; scanty, but frequent. She complains of felling completely prostrated. Aloe²⁰⁰. The character of the discharges changed to a healthy evacuation, and, complaining of feeling very weak daily at 11 A. M., she received one dose of Sulphur 45^m Fincke, and has remained well.

R. W., æt. 2. Constipation for some five or six days. The stool consisted of small, black balls, which were expelled with difficulty. A few hours after the administration of one dose of Opium 23^m Fincke, there was a normal, healthy evacuation, and daily since, (some three months.)

PUBLICATIONS RECEIVED.

Our table is loaded with new publications,—some of them important works. In the present number we can but give the titles; and promise a more particular notice next month.

The Great Crime of the Nineteenth Century. By Edwin M. Hall, M. D. Chicago, 1867.

The Spectroscope and the Law "Similia Similibus Curantur." By J. H. Pulte, M. D.

The Homœopathic Directory of Great Britain and Ireland. London. H. Turner & Co., 1867.

Publications of the Massachusetts Homœopathic Medical Society. Vol. II. 1861-66.

The Marriage State. By Prof. T. P. Wilson.

The Cholera, Its Causes and Prevention. By G. W. Barnes, M. D. Cleveland, Ohio.

The United States Medical and Surgical Journal. C. S. Halsey. Chicago. April; July.

Western Homœopathic Observer. St. Louis.

American Homœopathic Observer. E. A. Lodge, M. D. Detroit.

The American Homœopathist. Smith & Worthington. Cincinnati.

The New England Medical Gazette. Boston.

The Ohio Medical and Surgical Reporter, Nos. 2 and 3. Cleveland, Ohio.

Medical Investigator. C. S. Halsey. 147 Clark street, Chicago, Illinois.

North American Journal of Homœopathy. Wm. Radde. 550 Pearl street, New York.

The British Journal of Homœopathy. H. Turner & Co. 77 Fleet street, London.

El Criterio Medico. Madrid, Spain.

Journal Du Dispensaire Hahnemann de Bruxelles.

REPORTS OF THE TRUSTEES AND SUPERINTENDENT OF THE BUTLER HOSPITAL FOR THE INSANE, Presented to the Corporation, at their Annual Meeting, January 23, 1867, Providence, R. I. *And former Reports.*

This Institution, principally founded, and the buildings erected and even the lands donated, by the noble liberality of two citizens of Providence, Alexander Duncan, Esq., and Robert H. Ives, Esq., has now been open for the reception of patients for twenty years. During this time it has been under the care of Dr. I. Ray, who, in 1845, resigned his charge of the Asylum for the Insane at Augusta, Maine, to accept of this situation.

John W. Sawyer, M. D., is the new Superintendent and Physician-in-chief; and our friend, SAMUEL WORCESTER, M. D., Assistant Physician.

One, at least, of the two gentlemen just mentioned, as largely instrumental in establishing this Hospital, we think, is a strong Homœopath; and we are pleased to recognize as evidence of high intelligence and true benevolence on the part of the supporters of this Institution, that they place an excellent Homœopathic physician on their medical staff. And we presume this also enables the friends of the inmates to place their unfortunate relatives entirely under Homœopathic care,—should they so elect. If this is the case, as indeed it must be, this Institution will deserve the patronage of Homœopaths in all parts of the country,—until at least they can obtain equal privileges nearer home. The whole subject of the Homœopathic treatment of the Insane has hitherto received very little attention in our Literature. And we should be pleased to receive from Dr. Worcester, as well as from others, the results of their studies and experience in this direction.

F.

Dr. Gallavardin, in Lyons (France), recommends Ambra grisea in *Angina granulosa*. He says: "Especially persons suffering from tetter and hemorrhoids will be benefited by Ambra, and particularly if there are present sharp pointed pustules on the soft palate, or a pock-shaped eruption or granulous secretion in the trachea, and if the complaint is accompanied by a tracheal cough."

THE FIFTIETH ANNUAL REPORT OF THE STATE OF THE ASYLUM FOR THE RELIEF OF PERSONS DEPRIVED OF THE USE OF THEIR REASON. Philadelphia, 1867.

This Institution,—better known by the name of the Friends' Asylum, near Frankford,—it was our good fortune to have had the pleasure of visiting frequently,—when a student of medicine,—twenty years ago. Then the beauty of the buildings, the extent, and the charming variety of the well-shaded grounds, so impressed themselves upon our minds—that they come up before us now,—and seem to us, even through the long vista of by-gone and forgotten years, as vivid and beautiful as ever. In such cool groves and glades of evergreen, such quiet lawns and beautifully shaded retreats,—“so near and yet so far” from the noisy hum of men and marts of busy commerce,—even the scholar and the philosopher, as it seemed to us then, might dwell in peace, and live the higher life of thought.—While those worn out with the anxious cares of this life, harassed to exhaustion with its endless perplexities and seemingly hopeless toils, and those who had made shipwreck of all their voyage of life in this world, might find here a retreat so grateful that it would prove to them all a heaven on earth. Such were the impressions made upon my mind on visiting this Institution and partaking of the delightful hospitalities of the family of the then Superintendent; and the engraved views of the main buildings and garden and library building, bring them back with all their original freshness and force.

The Friends were not only among the first to interest themselves in the benevolent care of the insane,—but they nobly led the way in discarding the *brute force*, which, in former years, had so often caused the iron to enter into the soul of *God's poor*,*—who were all the more acutely sensitive to the physical suffering and moral degradation of such treatment, from having become mentally deranged. Says the Report: “We have continued to be able to manage the most excited patients without the use of mechanical restraint, except in cases where, from extreme debility or prostration of a patient, the recumbent posture seemed to be absolutely necessary for the preservation of life.” F.

* The ancients, as well as many so-called savage tribes in modern times, regard the insane with profound veneration, as being under the especial care of the Divinity,—if not themselves almost divine.

"PSORA SYMPTOMS"—CORRECTION.—In the report of the very interesting discussion at the annual meeting of the Central Homœopathic Association of Maine, an error appears, which we are desirous to correct. In the May number of this Monthly, page 477, top, Dr. Payne is represented as referring to the *Organon* for Hahnemann's picture of the symptoms of Psora. The *Chronic Diseases* was the work mentioned; the *Organon* does indeed contain an enumeration of symptoms of Psora which is by no means brief; but in the *Chronic Diseases* will be found the more elaborate representation of Hahnemann's latest views.

By the way, would it not be well for those who are inclined to make merry over what may be truly termed physiological pathology, to study in good earnest both these works of the illustrious Hahnemann?

Non enim scio, si amplius ipsis redux veniam rursus.

F.

The chair of Homœopathy in the Michigan University is not yet filled; the Regents have so far declined to do so, and may have good reasons for it. The apparent candidate for the chair delivered a lecture on Homœopathy before the Legislature of Michigan,—published in the *American Homœopathic Observer*, Vol. 4, No. 5—in which, among other rich utterances, we find the following, on page 224: "*Nor is the practice of Homœopathy incompatible with the rational use of palliatives, a gentle mustard plaster, ice to the head, or a little Morphine for the purpose of procuring sleep.*" Mr. Pope & Co. may subscribe to such teachings, for our own part we must protest against such perverted talk in good earnest. It would be well if the Regents would open any of Hahnemann's works, where they would find such treatment truly characterized, and any thing but recommended.

The Homœopathic physicians at Dresden had a meeting on the 3d day of March last. In the course of the discussion, Dr. Trinks spoke of the neuralgic nature of Zoster, (Zona.) It may interest him to know that the very painful neuralgia following Zona, finds its remedy in *Dolichos pruriens*, not lower than 30th, and in the single dose.

THE HOMŒOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA.

HOMŒOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA. The sole vacancy in the Faculty of this College has been filled by the election of GEORGE G. PERCIVAL, A. M., M. D., to the Professorship of Chemistry. Arrangements are in progress for furnishing additional apparatus in this department; and from the well-known abilities and high attainments of Prof. Percival, the students and alumni of the College may depend upon an interesting and instructive course of lectures on chemistry.

H. R. WARRINER, Esq., who has distinguished himself at the Philadelphia Bar in cases involving insanity and other important questions of medical jurisprudence,—and whose able and valuable lectures in this department have given the greatest satisfaction, will still retain his connection with the College.

MALCOLM MACFARLAN, M. D., late Surgeon in the United States Regular Army,—having resigned his charge at Fort Wayne, Alabama,—as Adjunct Professor of Surgery will devote himself to the instruction of the classes in the college.

EPHRAIM K. BANCROFT, M. D., a graduate of the College, an able and successful practitioner, having established himself in Philadelphia, will faithfully discharge the duties of Demonstrator of Anatomy.

PROFESSOR ARROWSMITH, now in Europe engaged in the study of the most recent improvements in medical science, and in attendance upon the Homœopathic Medical Congress, will bring with him, upon his return in September, a collection of new materials illustrative of the natural sciences and collateral branches of medical study, especially in Pathological Anatomy and Physiology.

THE HOMŒOPATHIC MEDICAL CONGRESS will meet in Paris on the ninth of August, at four P. M. A full report of the proceedings will be prepared by our own correspondents in attendance, and published in the September or October number of the Monthly.

VOLUME SECOND, NUMBER TWELFTH.

The present number concludes the Second Volume of the *Hahnemannian Monthly*. The circulation of the Monthly has been constantly increasing, scarcely a week passing in which we are not called upon to enter additional names in the mail-book.

To those who have both paid their subscriptions, and furnished for the pages of the Monthly the results of their studies and experience in the shape of valuable and interesting papers, we tender our heartfelt thanks. To those who have paid but who have not written, we would say: we thank you for your "material aid," and shall hope to receive in future, from each individual, some contribution to the common stock of medical knowledge. To those who have received the Monthly and neglected to pay, we would say that "we still live," and shall; that the *Hahnemannian*, originally started by the private contributions of a few friends, and since conducted and sustained by much self-sacrificing labor, has now attained a position in which it becomes self-supporting; but that the prompt payment of a very considerable number of subscriptions to the Second Volume, will very much facilitate the settlement of our accounts.

To the Profession at large we would say, that while we have reason to believe the Second Volume of this Journal is an improvement upon the First, we confidently expect to render the Third Volume no less superior to the Second. After an experience of two years, we feel that we are but just beginning; and while in the future we shall continue to have the same high aims as in the past, we hope to become far more efficiently instrumental in promoting these aims, since we have secured the co-operation of many able and learned members of the profession who have not hitherto written for the Monthly.

In the Natural Sciences, and in all the collateral branches of medical study, we have papers of very great value already in hand, or in course of preparation. And while grateful for the hearty appreciation with which our exertions have been received, we shall manifest our gratitude for such encouragement by renewed efforts to make the *Hahnemannian Monthly* keep step with the rapidly advancing strides of Homœopathy in America and in the world.

AMERICAN INSTITUTE OF HOMŒOPATHY.

From the New England Medical Gazette.

PROCEEDINGS OF THE TWENTIETH ANNUAL SESSION.

The twentieth Annual Meeting of the American Institute of Homœopathy was held in the Gallery of Fine Arts, corner of Fifth Avenue and Fourteenth street, New York, on June 5, 6 and 7, 1867.

PRELIMINARY MEETING.

The customary preliminary meeting was held on Tuesday evening, June 4, at eight o'clock, at which upwards of one hundred members were present.

Dr. GEORGE E. BELCHER, of New York, President of the County Society, called the meeting to order about nine o'clock, P. M., when Dr. J. F. GRAY, of New York, was elected the presiding officer.

The programme prepared by the Committee of Arrangements was adopted as the order of exercises of the meeting.

A committee on nomination of permanent officers, consisting of one member from each State represented, was elected. The committee was composed as follows :—

Maine, W. E. Payne; New Hampshire, A. Morrill; Vermont, G. E. E. Sparhawk; Massachusetts, I. T. Talbot; Rhode Island, C. F. Manchester; Connecticut, W. W. Rodman; New York, P. P. Wells; New Jersey, J. J. Youlin; Delaware, D. W. Thomas; Pennsylvania, Walter Williamson; Maryland, F. R. McManus; District of Columbia, T. S. Verdi; Ohio, W. Webster; Indiana, O. S. Baer; Illinois, N. F. Cooke; Michigan, E. A. Lodge; Wisconsin, J. S. Douglas; Iowa, E. A. Guilbert; Minnesota, C. B. Williams; Missouri, William Tod Helmuth; Kansas, T. J. Ward; Louisiana, W. H. Holcombe; Georgia, F. H. Orme; Nova Scotia, Walter Wesselhoeft.

After the election of this committee, the meeting adjourned to a hall below, where a bountiful collation was spread. The tables were loaded with strawberries and cream, salads, sandwiches, &c. An hour was spent in a social manner, during which there was a general renewal of old acquaintanceship, and formation of new.

FIRST DAY—MORNING SESSION.

The Institute assembled on Wednesday morning, June 5, at ten o'clock. In the absence of the President, the General Secretary, Dr. I. T. TALBOT, of Boston, called the members to order, and Dr. H. M. PAINE, of New York, was made chairman. The Rev. Dr. Tuttle, of New York, opened the session with prayer. The roll of members was called and corrected, when about one hundred answered to their names. Fifty-three Medical Societies and Homœopathic Institutions were represented by seventy-six delegates.

The committee appointed at the preliminary meeting reported the following list of nominations of officers for the ensuing year: President, William Tod Helmuth, M. D., St. Louis; Vice-President, P. P. Wells, M. D., Brooklyn, N. Y.; General Secretary, I. T. Talbot, M. D., Boston, Mass.; Provisional Secretary, H. M. Paine, M. D., Albany, N. Y.; Treasurer, E. M. Kellogg, M. D., N. Y.; Censors, W. E. Payne, M. D., Maine; E. U. Jones, M. D., Mass.; B. W. James, M. D.,

Penn. ; J. C. Burgher, M. D., Penn. ; A. T. Bull, M. D., Buffalo, N. Y. These gentlemen were unanimously elected.

The Institute then adjourned for half an hour to partake of a lunch, which was served in the large room beneath the assembly hall.

AFTERNOON SESSION.

At two o'clock the Institute reassembled, and the newly elected officers assumed the duties of their positions. The President briefly addressed the Institute, thanking the members for the unexpected honor that had been conferred upon him, and expressing his great pleasure at the large attendance from all parts of the Union. He was especially glad to see so many of the old and tried standard-bearers of Homœopathy present at the meeting, which he hoped would prove of great value to the profession. He referred to the progress that Homœopathy had already made in St. Louis, and stated that the whole West was a fertile field for the progressive school of medicine, and any efforts made by the American Institute for the advancement of Homœopathy would be heartily seconded throughout the West.

Dr. George E. Belcher, of New York, chairman of the Committee of Arrangements, then addressed the members of the Institute in the following remarks:—

Fellow-members of the American Institute of Homœopathy.—As chairman of the Committee of Arrangements, I have the honor of welcoming you to this our city of New York. I greet you also in behalf of the members of the New York County Homœopathic Medical Society, a legalized organization of regular physicians. We welcome you as representatives of that portion of the medical profession, who, seeking to make therapeutics a science, have superadded to the ordinary medical course the study of therapeutics as practically illustrated by the genius and labors of Hahnemann. We meet as his disciples. We believe in the great Homœopathic law, *SIMILIA SIMILIBUS CURANTUR*. We congratulate ourselves, that the influence of our school has already increased the usefulness of the medical profession, not only by its more scientific management of the sick, but indirectly by leading a large number of practitioners to doubt more and more the propriety or safety of heroic treatment, and, as the next best thing they know, to leave their sick to the operations of nature alone. May the result of our meeting be the renewal of our friendly relations, and forming of better ; the continuance of that freedom of investigation and discussion which Hahnemann himself always maintained ; an increase of all the influences which tend to lessen the harshness of the medical treatment of former days ; the more comprehensive grasp of the great law of cure, and a redoubled energy to fulfil the mission we have undertaken ! Hoping your stay here will be agreeable and satisfactory, we give you a hearty and sincere welcome.

On motion of Dr. Swazey, the President appointed a committee on credentials, consisting of the following gentlemen:—

G. W. Swazey, M. D. ; J. J. Youlin, M. D. ; T. F. Allen, M. D. ; David Thayer, M. D. ; W. Webster, M. D.

On motion of Dr. Williamson, a committee to audit the Treasurer's accounts was appointed, as follows:—

W. Williamson, M. D. ; S. Gregg, M. D. ; E. B. Thomas, M. D. ; R. J. McClatchey, M. D. ; George E. Belcher, M. D.

The Secretary then read such portions of the minutes of the last meeting as related to unfinished business.

The committee on a complete code of medical ethics was called upon for a report. In the absence of the chairman, Carroll Dunham, M. D.,

of New York, H. M. Smith, M. D., read the report, which was accepted; and, on motion of Dr. Gregg, the thanks of the Institute were tendered to the committee for the able manner in which they had prepared the report.

Considerable discussion ensued in regard to the adoption of the code of ethics as reported, which was participated in by Drs. Samuel Gregg, S. R. Kirby, W. Williamson, P. P. Wells, J. F. Gray, W. H. Watson, J. H. P. Frost, C. Dunham and others; when, on motion of Dr. Gray, the report was referred back to the committee, Drs. S. R. Kirby and G. W. Swazey being added, with instructions to consider the advisability of abridging the code, and to report at eleven o'clock, A.M., on Thursday.

The Treasurer, E. M. Kellogg, made a report, from which it appeared that the receipts of the Institute for the past year were \$892.50; and the expenses \$1,038.18; showing a deficit of \$145.68. The report, which had been examined and approved by the Auditing Committee, was accepted.

The Board of Censors presented the names of the following persons, one hundred and fifty-seven in number, as having complied with the by-laws, and therefore eligible for membership. They were accordingly elected:

[These gentlemen have all the title of M. D., which is omitted to save space.—ED.]

J. A. Albertson, Detroit, Mich.
 J. R. Andrews, New York.
 James H. Ashorne, Bridgeport, Conn.
 Henry N. Avery, Morristown, N. J.
 O. P. Baer, Indianapolis, Ind.
 George W. Bailey, Elizabeth, N. J.
 J. B. Bailey, Charlestown, Mass.
 William C. Barker, Waukegan, Ill.
 Edward G. Bartlett, New York.
 B. L. B. Bayliss, Astoria, L. I.
 I. G. Belden, Tarrytown, N. Y.
 James S. Bell, Napierville, Ill.
 Ralph Blakelock, New York.
 Harris S. Benedict, Corning, N. Y.
 Eleazer Bowen, Jersey City, N. J.
 Horace Bowen, Jersey City, N. J.
 Julius C. Brey, New York.
 William Brink, New York.
 John B. Brooks, Geneseo, Ill.
 Melville Bryant, Brooklyn, N. Y.
 E. V. Brown, Tarrytown, N. Y.
 Henry P. Brown, Waterbury, Conn.
 Titus L. Brown, Binghamton, N. Y.
 Gardner S. Browne, Hartford, Conn.
 Thomas C. Bunting, Mauch Chunk, Penn.
 S. J. Bumstead, Pekin, Ill.
 Stephen P. Burdick, New York.
 Benajah J. Burnatt, Jr., Mount Vernon, N. Y.
 C. E. Campbell, New York.
 B. Cetlinski, New York.
 Israel P. Chase, Henniker, N. H.
 William L. Cleaveland, Atlanta, Ga.
 Albert L. Comstock, Mount Kisco, N. Y.
 E. G. Cook, Buffalo, N. Y.

Elliot L. Cook, Buffalo, N. Y.
 J. D. Craig, Niles, Mich.
 C. B. Currier, Middlebury, Vt.
 Andrew M. Cushing, Lynn, Mass.
 J. W. Dowling, New York.
 E. H. Drake, Detroit, Mich.
 Pemberton Dudley, Philadelphia, Pa.
 John P. Ermantraut, New York.
 J. T. Evans, New York.
 Daniel L. Everitt, Brooklyn, N. Y.
 John N. Fairbanks, Hightstown, N. J.
 Thomas C. Fanning, Tarrytown, N. Y.
 H. Barton Fellows, Aurora, N. Y.
 Charles F. Fish, Newark, N. J.
 W. M. L. Fiske, Rochester, N. Y.
 Levi W. Flagg, Yonkers, N. Y.
 William D. Foster, Hannibal, Mo.
 E. C. Franklin, St. Louis, Mo.
 Thomas S. Goodwin, Port Richmond, Staten Island.
 Lewis Grasmuck, Leavenworth, Kan.
 B. Barton Gumpert, Philadelphia, Pa.
 William Hale, Washington, D. C.
 Evon B. Harding, Northampton, Mass.
 John Hawks, Brooklyn, N. Y.
 James Hedenberg, Medford, Mass.
 Horace P. Hemenway, East Somerville, Mass.
 H. B. Henry, New Orleans, La.
 R. Walter Heurtley, Newburg, N. Y.
 Robert L. Hill, Dubuque, Iowa.
 W. H. H. Hinds, Milford, N. H.
 E. F. Finks, Thomaston, Me.
 H. M. Hitchcock, New York.
 William F. Hocking, Washington Heights, N. Y.

- N. Webster Holcomb, Farmer's Village, Conn.
 Jabez Bunting Holtby, New York.
 John Hornby, Poughkeepsie, N. Y.
 Henry C. Houghton, New York.
 Temple S. Hoyne, Chicago, Ill.
 F. W. Hunt, New York.
 Henry F. Hunt, Camden, N. J.
 John P. Hunting, West Edmeston, N. Y.
 H. B. Hund, New York City.
 F. W. Ingalls, Kingston, N. Y.
 W. F. Jackson, Roxbury, Mass.
 DeWitt C. Jayne, Florida, N. Y.
 Henry C. Jones, Mt. Vernon, N. Y.
 William A. Jones, Lyndborough, N. H.
 J. Lester Keep, Brooklyn, N. Y.
 Alexander Kirkpatrick, Burlington, N. J.
 Elam C. Knight, Waterbury, Conn.
 C. W. Kuhn, New York.
 W. C. Leech, Cincinnati, Ohio.
 William H. Lewis, Boston, Mass.
 C. Theo. Liebold, New York.
 S. Lilianthal, New York City.
 Constantine Lippe, Tremont, N. Y.
 Charles Lowry, Greenwich, N. Y.
 A. P. Macomber, Malden, Mass.
 M. M. Mathews, Rochester, N. Y.
 S. R. Mason, Sheffield, Ill.
 J. H. McClelland, Pittsburg, Pa.
 Daniel McNeil, Hudson City, N. J.
 F. B. Mandeville, Newark, N. J.
 Henry B. Millard, New York.
 J. W. Mitchell, New York.
 R. E. Miller, Oxford, N. Y.
 Reuben C. Moffat, Brooklyn, N. Y.
 William D. S. Montanye, Rondout, N. Y.
 John C. Morgan, Philadelphia, Pa.
 Henry B. Morrill, Boston, Mass.
 Nathan R. Morse, Salem, Mass.
 Barton Munsey, Verden, Ill.
 Aug. Negendank, Wilmington, Del.
 Frank Nichols, Hoboken, N. J.
 T. Riker Nute, Roxbury, Mass.
 James H. Osborne, Bridgeport, Conn.
 Frederick W. Payne, Bath, Me.
 S. I. Pearsall, Saratoga Springs, N. Y.
 Clement Pearson, Mount Pleasant, Iowa.
 Albert William Phillips, Birmingham, Conn.
 Joseph G. W. Pike, Boston, Mass.
 Peter William Poulson, San Francisco, Cal.
 Leonard Pratt, Wheaton, Ill.
 William M. Pratt, New York.
 Elias C. Price, Baltimore, Md.
 Nathaniel B. Rice, Saginaw City, Mich.
 John F. Rose, Oxford, Pa.
 W. H. Sanders, Newton Corner, Mass.
 Charles E. Sanford, Bridgeport, Conn.
 Isaac W. Sawin, Centredale, R. I.
 D. E. Seymour, Calais, Me.
 Edward P. Scales, Newton Corner, Mass.
 N. R. Seely, Elmira, N. Y.
 Levi Shaffer, Kingston, N. Y.
 Henry P. Shattuck, Boston, Mass.
 Thomas Shearer, Baltimore, Md.
 William H. H. Sisson, New Bedford, Mass.
 A. P. Skeels, Cairo, Ill.
 Henry N. Sloan, Binghampton, N. Y.
 William H. Smith, Philadelphia, Pa.
 Gustave Justus Moritz Sommer, East New York.
 C. W. Sonnenschmidt, Washington, D. C.
 S. Swan, New York.
 Solomon E. Swift, Colchester, Conn.
 J. H. Thompson, New York.
 Virgil Thompson, New York.
 M. A. Tinker, Brooklyn, N. Y.
 Silas B. Tompkins, Newark, N. J.
 Walter Ure, Alleghany City, Pa.
 T. D. Wadsworth, Southington, Conn.
 George S. Walker, St. Louis, Mo.
 E. Cook Webb, Orange, N. J.
 Walter Wesselhoeft, Halifax, N. S.
 Alexander W. Wheeler, Cleveland, Ohio.
 J. Ralsey White, New York.
 W. Hanford White, New York.
 James Peterson Whittle, Weare, N. H.
 C. A. Wilbur, Chicago, Ill.
 Alexander Wilder, New York.
 L. H. Willard, Alleghany City, Pa.
 Henry C. Wood, West Chester, Pa.
 William Wright, Brooklyn, N. Y.
 Alfred Zantzing, Philadelphia, Pa.

Dr. H. M. Smith, Chairman of the Bureau of Organization, Registration and Statistics, made a report, briefly surveying the progress of Homeopathy in this country. In 1825 the first Homeopathic work was published. In 1864 one hundred and seventy-eight works were published in the interest of Homeopathy. In 1848, Dr. J. S. Smith published a list of Homeopathic physicians in New York, and the number then was 46; now Homeopaths in the United States have 3,637 physicians, distributed thus: Alabama, 13; Arkansas, 3; California, 18; Connecticut, 81; Delaware, 12; District of Columbia, 14; Florida, 3; Georgia, 20; Illinois, 394; Indiana, 119; Iowa, 121; Kansas, 21; Ken-

tucky, 44; Louisiana, 21; Maine, 51; Maryland, 24; Massachusetts, 251; Michigan, 215; Minnesota, 42; Mississippi, 16; Missouri, 68; Nebraska, 5; Nevada, 2; New Hampshire, 37; New York, 818; New Jersey, 90; North Carolina, 2; Ohio, 352; Pennsylvania, 374; Rhode Island, 34; South Carolina, 4; Tennessee, 6; Texas, 11; Vermont, 64; Virginia, 21; West Virginia, 6; and Wisconsin, 199. There are fifteen State organizations, forty-one local societies, and ten periodicals. The Homœopathsists have colleges in New York, Philadelphia, Chicago, Cleveland, and St. Louis, and hospitals and dispensaries in all the principal American cities. The Committee close their report with a recommendation that the Institute publish a periodical which may be a kind of directory for the profession.

On motion, the report was laid on the table, to be discussed at some future time during the present meeting. Adjourned.

EVENING SESSION.

In the evening, at eight o'clock, the members, with their wives and friends, re-assembled. The President, William Tod Helmuth, M. D., introduced N. F. Cook, M. D., of Chicago, who delivered the annual address. He compared the Homœopathic treatment with that of the Old School, claiming that the time was come when patients were no longer to be tortured to death in the effort to cure them, and that physicians should imitate the Saviour in his quiet and peaceful method of healing the sick. The progress of Homœopathy, he said, was only less than that of Christianity itself. The law of Homœopathy,—*similia similibus curantur*,—like NEWTON'S law of gravitation, had been discovered by accident. They who had adopted it could point to the past with a feeling of exultation, while the people generally had not been slow in recognizing its superiority. Homœopathic physicians to-day had more patients than they could attend to. The people who believed in the practice, not satisfied with what had already been obtained, should proclaim the efficacy of it, and insist that the Government should take measures that would place it on an equal footing in all respects with Allopathy. He enlarged upon the opposition which had been met and overcome in advancing Homœopathy to its present position. He argued against the assertion of its enemies, that its supporters were not true to their principles. He compared the two systems, and what they were effecting, and placed before the Institute a table which set forth, that, where the mean proportion of deaths by Allopathy was from nine to ten per cent., that of Homœopathy was from four to five per cent.; that, where the time of curing diseases by Allopathy was from twenty-eight to twenty-nine days, that of Homœopathy was from twenty to twenty-one; and that, where Allopathy cost one dollar and sixty-three cents for each patient, Homœopathy cost eighty-eight cents. He concluded an eloquent address by appealing to the press to aid Homœopathsists in their work of reform.

On motion of S. S. Guy, M. D., a vote of thanks was tendered to Dr. Cooke for his very masterly exposition of the advantages of Homœopathy, and its claims for earnest support on the part of the public; and a copy was requested for publication. The Institute then adjourned till Thursday at ten o'clock A. M.

After adjournment, the Committee of Arrangements invited the members and their friends to repair to the Levee Hall, where tables were spread, loaded with all the luxuries of the season. A band was in attendance, which furnished delightful music; and the complete success of this, as well as subsequent entertainments, must have been as gratifying to those who so generously furnished them as they were

acceptable, and the social intercourse to which they contributed will be memorable to the partakers.

SECOND DAY—MORNING SESSION.

The Institute assembled at ten o'clock, A. M., President Helmuth in the Chair.

The Secretary reported, that, in accordance with the instructions of the Institute, he had distributed six thousand copies of the cholera circular, prepared by the Bureau of Clinical Medicine. This had been copied into numerous newspapers in different parts of the country, and had been gratefully received by the profession generally.

The Chairman of the Bureau of Materia Medica, Conrad Wesselhoeft, of Dorchester, presented a paper upon the subject of drug provings. He stated that our original work on *Materia Medica* is in German; it is therefore accessible to most American physicians by means of translations only. It is now proposed to collect the scattered materials, add new and complete provings of American drugs, and create an American *Materia Medica*, conveying its meaning, directly from the pen of the provers, in idiomatic English, to the reader. In this way only would they escape the appellation of irrational empirics. Although the German *Materia Medica* had established the truth of Homeopathic principles in every country, far greater results might be looked for, when each country, with its peculiar language, climate, and territorial idiosyncrasies, shall possess a *Materia Medica* of its indigenous drugs.

Dr. Wesselhoeft then read an abstract of a very thorough and careful proving of *Pulsatilla nuttalliana*, the *Anemone patens* of Gray, covering some eighty or ninety pages.

Dr. Payne presented and read a partial proving of *Lilium tigrinum*.

Dr. Williamson read an abstract of a very extensive and thorough proving of *Hydrastis Canadensis*, covering some hundred or more pages.

A letter was read from Dr. Hale, stating that his proving of *Ptelea trifoliata* was not yet complete; but, if he should be continued upon the bureau, he hoped to present a carefully prepared proving of this drug at the next meeting of the Institute.

The report of the bureau was accepted, and referred to the Committee on Publication.

On motion of Dr. Gregg, the thanks of the Institute were presented to the members of the bureau for their laborious efforts and carefully prepared reports.

Dr. B. Fincke presented a detailed proving of *Lachesis*, made with the one hundred-thousandth potency. It was referred to the Committee on Publication.

Dr. P. P. Wells then addressed the Institute on the subject of the proving of drugs; giving his idea of the manner in which it should be done, objecting strongly to the making of violent assaults upon the system with large doses of the drug which is to be proved.

Dr. Moore spoke in favor of physical diagnosis, inspection, &c., and would not be wholly dependent upon subjective indications. A physician should be a naturalist, should study his patient in all possible ways, and then select his remedies accordingly.

A very interesting discussion then ensued upon the general subject of drug provings and drug action. Many of the members participated in it.

The Board of Censors reported the name of Mrs. Mercy B. Jackson, M.D., of Boston, who had applied for membership.

The Secretary stated that her application as reported last year was still upon the table.

It was taken up, and Dr. David Thayer, of Boston, said that Mrs. Jackson had been longer in Homœopathic practice than the majority of the members of the Institute. She was well educated, and a regular graduate of a legally authorized medical college in Massachusetts. There were physicians present who knew her to be well educated, and of high moral character. The question whether females should be admitted to the membership of our medical societies could not longer be avoided. We shall soon ascertain, if we do not know it to-day, that the world moves. While it is physically revolving along its orbit, it is at the same time morally advancing. It is useless for us to contend against manifest destiny, and it will not be long before women will have the right of suffrage in the Empire State. He was not particularly a "woman's-rights" man, but conceded the largest liberty to all. He favored every thing that tended to progress and order; and was satisfied that the female mind was naturally well adapted to the practice of medicine, particularly to that minute and careful investigation of symptoms which we recognize as peculiarly adapted to the practice of Homœopathic medicine. He wished to know if the American Institute of Homœopathy was sufficiently advanced to admit women to equal privileges of membership.

Dr. D. Holt, of Lowell, said that he had met the lady proposed some years ago, and was favorably impressed with her. If ladies were to be admitted to the Institute, he knew no objections to the one now proposed. The question of admitting females to membership must be met by the Institute; and he should vote in the affirmative, because he thought well of the sex generally, and because some of them had qualifications fully equal, if not superior, to those of male practitioners in general; and because the Institute would have to come to it, the issue being unavoidable.

Some discussion ensued upon the fitness of the applicant for membership, which was participated in by Drs. Thayer, Sherman, McManus, and others.

Dr. Talbot said that he considered the question before the Institute to be one of broader scope than mere individual qualifications. It was one of the great moral questions which were forcing themselves upon the attention of society in various phases; and he would greatly prefer to see it discussed upon its abstract merits, than upon any consideration of personal qualifications.

By consent of the Institute, Dr. Wells offered the following resolution as a substitute for that under consideration:—

Resolved, That the American Institute of Homœopathy admit to membership properly educated females.

Dr. Donovan, of Staten Island, said that he thought it proper for the Institute to do every thing in its power to elevate and improve the standard of female practitioners of medicine. There were many circumstances in which a female physician was preferable to a male, especially in the treatment of diseases of her own sex; but the admission of women to the membership of the Institute was quite a different question. They would here impose a restraint upon the deliberations, and prevent the discussion of many reports of great importance to the profession. It was therefore better that they should form associations of their own. He accordingly introduced the following resolution, as a substitute for the one offered by Dr. Wells:—

Resolved, That the American Institute of Homœopathy, while admitting the importance of educating women as practitioners of medicine,

and the advantages that will result in many cases from their employment as physicians, cannot approve of their being associated with males in our medical colleges, or as students in the classes of our medical colleges; as such association, we believe, will, in the one case, tend to fetter freedom of discussion, and, in the other, violate that sense of propriety, and sentiment of delicacy, which the community deem so important to preserve the proper relation of the sexes.

The substitute was rejected by a large majority; and the question then recurred upon the original resolution.

Dr. Cooke, of Chicago, said that he believed women had a right to engage in medicine, but they should not ask to join male Homœopathic societies: they should establish societies of their own. If they were admitted to the membership of the Institute, they would not only embarrass the proceedings, but keep the other members in a constant ferment.

After some further discussion, the Institute adjourned till two o'clock.

AFTERNOON SESSION.

The Institute assembled at two o'clock, the Vice-President, P. P. Wells, M. D., in the chair.

The discussion of the resolution was resumed, and several members spoke on the subject. The yeas and nays were then called for, and ordered for the first time in the history of the Institute. The resolution was lost by a vote of fifty-six yeas to sixty-eight nays.

H. D. Paine, M. D., of New York, chairman of the Bureau of Clinical Medicine, read a report of the action of the bureau during the past year. He also read a paper on the alleged change of type in diseases within the last twenty-five or thirty years, during which the Allopathic treatment of most diseases had undergone a complete revolution in all parts of the world, and among all classes of physicians: a milder course of medical treatment had taken the place of the system formerly in vogue.

D. H. Beckwith, M. D., read a report on the treatment of diphtheria. He described several typical cases, with the treatment which had been adopted, and the results of his careful study of this disease. The remaining reports of this bureau were continued to the following day.

Reports were received from the delegates of the State and local societies, all of which showed that Homœopathy was flourishing in their respective localities. The Institute then adjourned until Friday.

THIRD DAY—MORNING SESSION.

The Institute met at nine o'clock, the President in the chair.

The report of the Bureau of Clinical Medicine was continued. A very carefully prepared paper by T. G. Comstock, M. D., of St. Louis, on the subject of cholera, was presented. It gave a full and interesting account of the epidemic which prevailed in St. Louis with such severity last summer.

The various reports of the Bureau of Clinical Medicine were accepted, and referred to the Committee of Publication.

The report of the Bureau of Surgery was then taken up; and, in the absence of the chairman, Dr. W. Tod Helmuth, one of the members of the bureau, gave a detailed account of new operations performed by him, improvements for the treatment of fractures, &c. He described in a graphic manner a very difficult operation of perineal urethrotomy, which he performed in St. Louis, accompanying his account with a

minute description of the anatomy of the parts. He also presented to the Institute specimens of the cuboid, scaphoid and cuneiform bones taken from the ankle of a patient suffering with caries of the bones of the ankle, and described the operation which he performed to save the foot, securing at the same time motion at the ankle-joint. He also showed the Institute the entire bone of the lower jaw, which he had removed from a boy in Indianapolis. He performed this operation while attending the recent meeting of the Western Institute of Homœopathy. In two days after the operation the patient was able to talk. This difficult operation had been performed but three or four times in the United States. The bone was removed because of necrosis, and a pin was found imbedded in the substance of the bone. He also described a new method of applying the ligature in the operation for varicocele.

Dr. Bushrod W. James, of Philadelphia, then described a new apparatus for treatment of the transverse fracture of the patella. He explained that the difficulty of retaining in apposition the two fragments of the patella in a transverse fracture was well known to all surgeons into whose hands such cases fall. The ordinary apparatus was very apt to slip out of place, or to produce such excoriation of the surrounding parts, where strong pressure must be constantly made, that the appliances must either be very insecure or very painful to the patient. This defect in the apparatus has usually resulted in ligamentous union of the fracture, and the patient has been rendered permanently lame thereby.

Dr. William A. Reed, of Philadelphia, exhibited a remarkable bone taken from an ovarian tumor during a post-mortem examination. It resembled in shape the temporal bone, and had three teeth, resembling molars, inserted in different portions of it. It was taken from a subject forty years of age, who presented unmistakable evidence that this could in nowise have been the result of pregnancy.

Dr. B. F. Bowers, of New York, described new instruments for use in cases of ectropion, and an appliance for umbilical hernia.

Dr. George F. Foote, of Philadelphia, read a paper on the external use of drugs in surgical diseases, taking strong ground against it. He had no faith in the use of drugs in such cases, and would put the patient under hygienic conditions. Where there are symptoms indicating certain remedies, he would use them in the same manner as if the patient had no local or surgical affection.

J. Beakley, M. D., chairman of the Bureau of Surgery, being now present, stated that he had been unable to prepare any report of his Bureau, but promised to do so in a few days.

The Secretary read a letter from Dr. Sheffield, of Nashville, Tenn., descriptive of a monstrosity, partially bicephalous, which had recently come under his observation. The letter was accompanied by a photograph of the child, who lived twenty-four hours after birth.

Dr. L. H. Willard, of Pittsburg, read a paper on the fracture of the femur, and its treatment by a new apparatus, which was illustrated with drawings. The object is to do away with the wooden splints and apparatus now in use.

Dr. N. F. Cooke, of Chicago, presented a paper on dislocation of the kidney, or, as it is sometimes termed, floating kidney.

Dr. William Hause, of Adrian, Mich., presented a paper on otitis.

Dr. C. Theod. Leibold, of New York, read a paper on astringents, and a new form of eye syringe.

These papers were severally referred to the Committee on Publication.

At twelve o'clock, in accordance with a previous assignment, the consideration of the report of the committee on a complete code of medical ethics was taken up.

Dr. Swazey, from the sub-committee, reported several amendments, which had been thought desirable. Most of these were of an unimportant character. He paid a high compliment to the careful and erudite manner in which the report had been drawn up. He suggested striking out the entire section which makes it derogatory to a physician to hold a patent for any improvement or invention pertaining to the medical profession.

An earnest and spirited discussion arose on this proposition, in which Drs. Thayer, Swazey, Kirby, Clarke, McManus, Gregg, Wells and Talbot participated.

Pending the discussion, the Institute adjourned till the afternoon.

AFTERNOON SESSION.

The Institute assembled at two, P. M., the President in the chair.

The discussion on the code of ethics was continued by Drs. Williamson, Thayer and Dunham. The latter in a clear and forcible manner, reviewing the entire action of the Committee in their efforts to form what the Institute had desired, "a complete code of Medical Ethics." In the opinion of the Committee, though verbal changes might be very proper and desirable, no one chapter or even section of this work could be omitted without making the whole incomplete. And on motion of Dr. H. B. Clarke, it was ordered, that the report be referred to the Committee on Publication, with instructions that it be printed in the Transactions.

It will accordingly come up for consideration at the next meeting.

In the absence and at the request of the chairman, Henry N. Guernsey, M. D., of Philadelphia, J. C. Sanders, M. D., of Cleveland, presented a report of the Bureau of Obstetrics. A portion of it was read, and it was referred to the Committee on Publication.

The report of the Bureau of Statistics was then taken up, and the several recommendations and resolutions contained therein were adopted.

Dr. H. D. Paine, Necrologist, for the year past, presented a report of obituary notices of the deceased members. It was referred to the Committee on Publication.

Dr. Hoffman, of New York, exhibited a new form of pessary, and explained its use and method of construction.

Dr. E. B. Harding exhibited a new kind of uterine supporter, which excited some discussion as to the necessity of any instrument of the kind.

Dr. J. C. Sanders offered the following resolution, which was adopted:—

Resolved, That a committee of five be appointed to prepare, for the consideration of the Institute at its next meeting, suggestions and plans for the general advancement of the standard of medical education.

Dr. Verdi moved that the subject of establishing an Institute in other countries, similar to the American Institute, and to be in correspondence with this, which was presented at the last session, be referred to a special committee. The motion was carried, and Drs. Carroll Dunham, T. S. Verdi, I. T. Talbot and B. DeGersdorff, were appointed as the committee.

On motion of Dr. Smith, Drs. H. D. Paine, S. B. Barlow and E. M. Kellogg, were appointed a Finance Committee, with power to settle all claims against members of the Institute for back dues.

On motion of Dr. Clarke, the President was instructed to appoint the members of the several Bureaus and the Special Committees.

On motion of Dr. Smith, the Secretary was instructed to cause the seal of the Institute to be suitably engraved for use in official publications.

Dr. Clarke moved, that when the Institute adjourn, it be to meet at St. Louis, on the first Wednesday of June, 1868. After considerable discussion, the motion was carried.

Dr. Swazey offered the following resolution, which was adopted :

Resolved, That the names of our deceased members be arranged by themselves in the published Proceedings, with the date of their decease affixed.

Dr. Swazey also offered the following, as an amendment to the Constitution, which was laid on the table, to be acted on at the next meeting :

Resolved, That the third article be amended by inserting the words "male or female" after the word "others."

Dr. H. M. Paine offered the following resolution, which was adopted :

Resolved, That, in the organization of life-insurance companies which discriminate in favor of practical Homœopathists, we recognize an important instrumentality, which, by showing the superiority of Homœopathic treatment, will contribute to the more rapid adoption of the principles of medical science promulgated by the illustrious Hahnemann ; and that, whenever practicable, the members of this Institute will give to such organizations a united and cordial support.

The President announced the following appointments :

Bureau of Materia Medica.—Drs. Conrad Wesselhoeft, of Dorchester, Mass. ; Walter Williamson, of Pennsylvania ; William E. Payne, of Maine ; E. M. Hale, of Illinois ; and Samuel B. Barlow, of New York.

Bureau of Clinical Medicine.—Drs. Henry D. Paine of New York ; S. M. Cate, of Massachusetts ; D. H. Beckwith, of Ohio ; P. P. Wells, of New York ; and J. C. Burgher, of Pennsylvania.

Bureau of Obstetrics.—Drs. H. N. Guernsey, of Philadelphia, Penn. ; J. C. Sanders, of Ohio ; J. H. Woodbury, of Massachusetts ; R. Ludlam, of Illinois ; and T. S. Verdi, of Washington.

Bureau of Surgery.—Drs. William T. Helmuth, of St. Louis, Mo. ; Jacob Beakley, of New York ; G. D. Beebe, of Illinois ; E. C. Franklin, of Missouri ; and George F. Foote, of Pennsylvania.

Bureau of Physiology.—Drs. J. H. P. Frost, of Philadelphia, Penn. ; C. Vastine, of St. Louis, Mo. ; T. P. Wilson, of Ohio ; H. P. Gatchell, of Ohio ; and J. J. Mitchell, of New York.

Bureau of Hygiene.—Drs. Carrol Dunham, of New York ; George E. Shipman, of Illinois ; T. G. Comstock, of Missouri ; J. H. Pulte, of Ohio ; and C. William Boyce, of New York.

Bureau of Anatomy.—Drs. T. F. Allen, of New York ; John C. Morgan, of Pennsylvania ; H. C. Allen, of Ohio ; Melville Bryant, of New York ; and J. Holtby, of New York.

Bureau of Organization and Statistics.—Drs. H. M. Smith, of New York ; Horace M. Paine, of New York ; B. W. James, of Pennsylvania ; William F. Jackson, of Massachusetts ; and G. C. Duncan, of Illinois.

Committee on Medical Education.—Drs. John C. Sanders, of Ohio ; George S. Walker, of Missouri ; S. R. Kirby, of New York ; Daniel Holt, of Massachusetts ; and D. S. Smith, of Illinois.

Orator for 1868.—Dr. Henry B. Clarke, of New Bedford.

Alternate.—Dr. William H. Watson, of Utica.

Necrologist.—Dr. H. D. Paine, of New York.

Committee of Arrangements.—Drs. T. G. Comstock, E. C. Franklin, J. Hartman, G. S. Walker, and William T. Helmuth, of St. Louis.

On motion of Dr. W. E. Payne, resolutions were unanimously adopted, tendering the thanks of the Institute to the General and Provisional Secretaries and the Treasurer, for their arduous labors in behalf of the Institute during the past year; to the presiding officers, for the impartial manner in which they have performed their duties; to the members of the various bureaus, for their untiring and successful efforts; to the press of New York, for their careful and extended reports; and to the Committee of Arrangements, the New York Homœopathic Medical Society, and the physicians generally of New York, for the kind and hospitable manner in which they had entertained the members of the Institute during its session.

The Institute then adjourned, to meet in St. Louis on Wednesday, June 3, 1868.

I. T. TALBOT,
General Secretary.

SYNOPSIS OF PROCEEDINGS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF CUMBERLAND VALLEY, PA.

The Society met according to adjournment at the office of Dr. COOK, in Carlisle, on Tuesday, the 7th day of May, 1867, at 10 o'clock A. M. The President being absent, Dr. BOWMAN, of Chambersburg, was called to the Chair.

Minutes of last meeting were read and approved.

The Secretary proposed the names of Dr. ARNOLD, of Dillsburg, and Dr. HARMAN, of State Line, for membership, who were elected.

This being the annual meeting, the following officers were elected for the ensuing year:

J. H. MARSDEN, M. D., President.

JOHN ARMSTRONG, M. D., Vice-President.

WM. H. COOK, M. D., Secretary.

J. J. BENDER, M. D., Treasurer.

After which the Society engaged in medical discussions, and many interesting cases were reported.

Dr. BENDER presented a paper on the treatment of cholera by *Rhus t.* and *Secale cor.* Dr. BOWMAN presented several papers of interesting cases occurring in his practice.

The Society continued in session until 2.30 P. M., and adjourned to meet at the office of Dr. BENDER, in Carlisle, on the first Tuesday in November next, at 10 A. M.

J. H. MARSDEN, M. D., of York Springs, was elected delegate to the American Institute of Homœopathy; R. S. HARMAN, M. D., of State Line, alternate.

B. BOWMAN, M. D., J. H. MARSDEN, M. D., WM. H. COOK, M. B., and M. FRIESE, M. D., were elected delegates to the State Society.

WM. H. COOK,
Secretary.

HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.

ANNUAL MEETING, PHILADELPHIA, *June 3d, 1867.*

The Annual Meeting of the Society was held at 11 o'clock, in the Homœopathic Medical College building, Filbert street above Eleventh.

Dr. JAMES BAYARD WOOD, of West Chester, President, took the chair, and announced and explained the following action of the Board of Censors: "At the suggestion of a number of the Western members of the Homœopathic Medical Society of Pennsylvania, the Board of Censors have directed me to call a meeting for the transaction of the business pertaining to the Annual Meeting at Philadelphia, on the first Monday of June, 1867, at 11 o'clock, A. M., in order that they may have an opportunity during the same trip to attend the meeting of the American Institute of Homœopathy, at New York City. The regular business of the meeting heretofore called for the second Wednesday of May, will therefore be transacted on the first Monday of June.

"J. B. WOOD, M. D., *President.*

"*January 2, 1867.*"

The Chairman of the Committee of Arrangements of the Philadelphia County Homœopathic Medical Society, Dr. BUSHROD W. JAMES, then, on behalf of that Society, and the whole Homœopathic profession of the city, made an informal address of greeting to the members of the State Society, and extended to them a cordial welcome.

The roll was then called and the list corrected.

Propositions for membership being in order, a number of names were proposed and referred to the Board of Censors. In the absence of two of the Censors, Drs. I. D. JOHNSON and J. C. MORGAN were appointed to act with Dr. H. H. HOFMANN in that capacity.

A motion was made and carried that an afternoon session be held, as well as an evening session, immediately after the delivery of the Annual Address, and that half-past three o'clock be the time fixed for the election of officers for the ensuing year.

The proposed amendment to the Constitution, laid over under the rules from last year, was then taken up. On motion, it was laid on the table.

The TREASURER made a report, in his absence, through Dr. J. C. BURGHES, and accompanied with a draft properly signed, for the amount of balance in his hands, sixty-nine dollars and fifty-five cents (\$69 55). The Recording Secretary reported an additional six dollars received from members since the making out of the report.

Drs. W. WILLIAMSON and S. S. BROOKS were appointed auditors.

Delegates from the various Homœopathic organizations throughout the State presented their credentials, and were admitted to seats in the body during its annual session.

Visitors from other States and delegates from other State societies were, on motion, likewise admitted to the floor, with privilege of taking part in the discussions of the Society.

The Committee on Charter then reported through the chairman, Dr. R. J. McCLATCHEY, that in prosecuting the duties of their office the committee had found that the power to grant such charter is vested in the courts of law and not in the General Assembly; and asking for a continuance, with full power to procure said instrument from the

proper authorities. On motion of Dr. J. JEANES, the report was adopted and the committee continued, with full power to act.

The auditors then offered their report duly signed, stating that they had carefully examined the Treasurer's accounts and found them correct. The report was accepted and the auditors discharged.

The reports from societies were then received. The Recording Secretary read a report from the *Homœopathic Medical Society of the Counties of Chester and Delaware*, signed by its secretary. Referred to the Publishing Committee.

The announcement was made that in *Dauphin County* a Homœopathic Medical Society had been formed, and in the *City of Harrisburg* a Homœopathic Dispensary established.

A report from the *Philadelphia County Society* was read by Dr. McClatchey, and referred to the Publishing Committee.

Dr. L. H. WILLARD read an interesting report from the *Alleghany County Society*, containing a number of clinical cases. On motion of Dr. J. JEANES, the report was accepted and ordered to be filed away among the scientific papers.

Dr. Wm. H. COOK reported on behalf of the *Cumberland Valley Medical Society*—report accepted.

Dr. W. WILLIAMSON stated that he had in his possession twenty-two provings of *Hydrastis Canadensis*, and if any of the members of the State Society had any provings of that drug to present, he desired that they would offer them to the Society now. He had kept the symptoms separate: 1. The provings; 2. The cured symptoms; and 3. The clinical observations in the use of the drug.

On motion, the Society adjourned until half-past three o'clock.

AFTERNOON SESSION.

Dr. F. H. KREBS, of *Boston*, a delegate from the *Massachusetts State Homœopathic Medical Society*, was introduced and addressed the meeting, and offered a report from his society, after which he presented a copy of the *Massachusetts State Society's Proceedings* for the past six years, to this Society, for its library. The volume was received, and a vote of thanks tendered for it.

The Society, after electing some new members, went into an election for officers by ballot for the ensuing year.

Drs. C. PRESTON and H. H. HOFMANN were appointed tellers. The vote resulted as follows:

President—W. WILLIAMSON, M. D., Philadelphia.

First Vice-President—J. H. MARSDEN, M. D., York Springs.

Second Vice-President—W. JAMES BLAKELY, M. D., Benzinger.

Recording Secretary—BUSHROD W. JAMES, M. D., Philadelphia.

Corresponding Secretary—ROBERT J. McCLATCHEY, M. D., Philadelphia.

Treasurer—H. H. HOFFMANN, M. D., Pittsburg.

Censors—R. ROSS ROBERTS, M. D., Harrisburg; C. PRESTON, M. D., Chester; J. C. BURGHES, M. D. Pittsburg.

Dr. W. WILLIAMSON, the President elect, was then conducted to the chair, and made a neat and appropriate address.

A vote of thanks was then tendered the retiring officer.

A resolution was passed that the proceedings of this Annual Meeting, together with those of the Convention and Meeting at Pittsburg, in 1866, be published in pamphlet form; *provided* the funds of the Society will warrant it; and also that a committee be appointed to carry out this resolution.

On motion the TWO SECRETARIES were appointed the Publishing Committee, to which Dr. J. H. P. FROST's name was added by vote.

Sundry bills from the Secretaries were read and ordered to be paid.

Dr. J. C. BURGER then presented a report from the *Pittsburg Homœopathic Hospital*, which was read and referred to the Publishing Committee.

The committees on Scientific Subjects were then called.

Dr. M. FRIESE, on the subject of "*Homœopathy and Clinical Medicine*," reported by letter that his paper was unfinished, and that sickness in his family prevented the completion of the paper. On motion, he was continued for another year on the same subject.

Dr. W. JAMES BLAKELY, on "*Drug Proving and New Remedies*," reported. Report was read and ordered to printed. He also presented two interesting specimens of "Gangrene of the Lungs," for the inspection of the members.

Dr. JOHN C. MORGAN, on "*Anatomy and Pathology*," reported. Report referred to the Committee on Publication.

EVENING SESSION.

The Society met at eight o'clock, P. M., and listened to the Annual Address by Dr. J. B. WOOD, of *West Chester*, after which the Society went into Executive Session.

On motion, the thanks of the Society were tendered Dr. J. B. WOOD for his able and interesting address, and a copy solicited for incorporating with the archives of the Society.

Dr. BUSHROD W. JAMES reported on "*Surgery*." The report was read and referred to the Publishing Committee.

No report on "*Anæsthetics*."

Dr. J. H. MARSDEN on "*Obstetrics*." Report read and referred to Publishing Committee.

Dr. THOMAS HEWITT on "*Chemistry, as Applied to Medicine*." Report similarly disposed of.

No report on "*Physiology*."

Adjourned until nine o'clock, A. M., Tuesday.

TUESDAY, JUNE 4TH.

Pursuant to adjournment the Society met, and the Scientific Committee reports were resumed.

Dr. J. H. P. FROST on "*Asiatic Cholera*." Report read and handed to the Publishing Committee.

Dr. D. COWLEY on "*Statistics of Cholera and other Diseases treated Homœopathically*." Subsequently received and referred to the same committee, and Dr. Cowley continued on the subject of "*Statistics, &c.*" for another year.

Dr. R. J. McCLATCHEY on "*Medical Diagnosis*." Report read and also referred.

Dr. J. B. WOOD offered a standing resolution, which was amended by Dr. H. N. MARTIN, and finally adopted as follows, viz. :

Resolved, That the Homœopathic Medical Society of Pennsylvania, in accepting and publishing reports of committees in their proceedings, does not necessarily endorse the same.

Resolved, That no longer time than fifteen minutes shall be taken up in reading any single report. If the report is of such length as would occupy a longer period, a synopsis of the same, giving the principal points, may be read, and the report itself referred to the Publishing Committee.

On motion, the appointment of the Committees on Scientific Subjects, Committee on Reports and Delegates to other Homœopathic Meetings, except the American Institute of Homœopathy, was left to the discretion of the President of the Society.

The following were then appointed delegates to the *American Institute of Homœopathy*, to meet in New York on June 5th, 1867, viz.: Drs. J. B. WOOD, J. C. MORGAN, J. C. BURGHIER, R. C. SMEDLEY, and I. D. JOHNSON.

Harrisburg was fixed as the next place of meeting. Time of meeting, the first Tuesday in May, at ten A. M.

Drs. R. ROSS ROBERTS and M. FRIESE were appointed the Committee of Arrangements for the next annual meeting, with privilege of adding to their number.

Dr. BURGHIER offered the following, which was carried:

Resolved, That the physicians of the place of annual meeting are not expected by this Society to offer a public banquet to the delegates and members.

J. C. BURGHIER, M. D., of *Pittsburg*, was selected as *orator* for the next meeting, and J. H. P. FROST, M. D., of *Philadelphia*, as *alternate*.

The following physicians were proposed for membership during the sessions of the Society, referred to the Board of Censors, who reported favorably thereon, and afterwards were duly elected by the Society:—

Pemberton Dudley, M. D., Philadelphia; H. C. Wood, M. D., West Chester; John E. James, M. D., Philadelphia; J. H. McClellan, M. D., Pittsburg; Walter Ure, M. D., Alleghany City; Richard Koch, M. D., Philadelphia; Gustavus E. Gramm, M. D., Philadelphia; C. H. Lee, M. D., Pittsburg; H. N. Martin, M. D., Philadelphia; Charles B. Barrett, M. D., Philadelphia; Smith Armor, M. D., Columbia; John J. Garvin, M. D., Philadelphia; A. P. Bardin, M. D., West Philadelphia; Wm. T. Urie, M. D., ———; O. S. Wood, M. D., Philadelphia; W. C. Harbison, M. D., Philadelphia; M. M. Walker, M. D., Germantown; Thos. C. Bunting, M. D., Mauch Chunk; B. B. Gumpert, M. D., Philadelphia; Alvin Williams, M. D., Phoenixville.

The following appointments were made by the President:

On Scientific Subjects:

1. *Proving*s.—A. Lippe, M. D., Philadelphia; R. C. Smedley, M. D., West Chester.
2. *Homœopathy and Clinical Medicine*.—M. Friese, M. D., Harrisburg; M. Preston, M. D., Norristown.
3. *Improvements in Surgery*.—J. J. Detwiller, M. D., Easton; L. H. Willard, M. D., Pittsburg.
4. *Recent Improvements in Obstetric Science*.—H. N. Guernsey, M. D., Philadelphia; H. N. Martin, M. D., Philadelphia.
5. *Dietetics*.—M. Côté, M. D., Pittsburg; Edward Reading, M. D., Hatboro'.
6. *Homœopathic Statistics*.—D. Cowley, M. D., Pittsburg; J. C. Richards, M. D., Lock Haven.
7. *Epidemics and Endemics*.—Jacob Jeanes, M. D., Philadelphia; W. M. Williamson, M. D., Philadelphia.
8. *Hygiene*.—W. James Blakely, M. D., Benzinger; I. D. Johnson, M. D., Kennet Square.

Other committees:

On Reports.—J. B. Wood, M. D., West Chester; Coates Preston, M. D., Chester; J. F. Cooper, M. D., Alleghany City.

On Charter.—R. J. McClatchey, M. D., Philadelphia; R. R. Roberts, M. D., Harrisburg; J. K. Lee, M. D., West Philadelphia; J. C. Burghier, M. D., Pittsburg; Bushrod W. James, M. D., Philadelphia.

Publishing Committee.—Bushrod W. James, M. D., Philadelphia; Robert J. McClatchey, M. D., Philadelphia; J. H. P. Frost, M. D., Philadelphia.

Delegates to other Homœopathic Meetings:

International Homœopathic Medical Congress, Paris, France, August 9th to 14th, 1867.—Bushrod W. James, M. D., Philadelphia; Charles Neidhard, M. D., Philadelphia.

State Homœopathic Medical Society of Maine, 1868.—S. S. Brooks, M. D., Philadelphia; H. M. Logee, M. D., Linesville.

State of Massachusetts, 1868.—W. H. Cook, M. D., Carlisle; I. P. Johnson, M. D., Latrobe.

State of New York, Feb., 1868.—John R. Reading, M. D., Somerton; Wm. T. Urie, M. D.

State of Ohio, 1868.—Robert Faulkner, M. D., Erie; J. H. Marsden, M. D., York Sulphur Springs.

State of Illinois.—J. C. Morgan, M. D., Philadelphia; James A. Herron, M. D., Pittsburg.

State of Michigan.—M. W. Wallace, M. D., Alleghany City; A. H. Ashton, M. D., Philadelphia.

State of New Hampshire.—O. B. Gause, M. D., Philadelphia; W. H. Neville, M. D., Philadelphia.

State of Wisconsin.—Geo. S. Foster, M. D., Alleghany City; O. P. Bardin, M. D., West Philadelphia.

Miami Medical Society of Ohio.—W. R. Childs, M. D., Pittsburg; L. M. Rousseau, M. D., Pittsburg.

Western Institute of Homœopathy.—J. K. Lee, M. D., West Philadelphia; Smith Armor, M. D., Columbia.

Canadian Institute of Homœopathy.—D. James, M. D., Philadelphia; Wm. Stiles, M. D., Philadelphia.

A vote of thanks to the Faculty of the Homœopathic Medical College was tendered for the use of the building by the Society.

A vote of thanks to the physicians of Philadelphia for their courteous reception of the members from other parts of the State was passed.

The minutes of the annual meeting were then read and, on motion, adopted.

A motion to adjourn was then made, but withdrawn to allow Dr. C. H. Von Tagen to offer the following resolutions:

Whereas, The success which has hitherto marked the progress of Homœopathy since the immortal Hahnemann's discovery of the law of cure, though in face of the vilest opposition and persecution; and

Whereas, Both in this country and in England there has of late years, and more recently in the United States, been given to the Homœopathic system an element of great strength, whereby the truths and results of our system are placed clearly and practically before the people, tending rapidly to popularize Homœopathy; therefore

Resolved, 1. That we hereby express our gratification in the organization of life insurance companies which recognize the superiority of Homœopathy over other systems, in a reduction of premiums to its patrons.

2. That in view of the fact that life insurance has become an important coadjutor with us in medical reform, basing its preference on the increased longevity of practical Homœopaths, it becomes the duty of every intelligent practitioner to make himself acquainted with the principles of life insurance, and the special features of life companies, that he may be able to give such information to his patrons, and aid to the friends of our system, as opportunity may offer and propriety dictate.

3. That the attitude certain life companies have assumed toward our

system has linked Homœopathic life insurance to it in such a manner, that the failure to achieve a marked success must react upon Homœopathy, and, at least, materially retard the progress now being made throughout the civilized world.

They were read, accepted, and ordered to be filed.

BUSHROD W. JAMES, M. D.,

Recording Secretary.

ALUMNI ASSOCIATION OF THE HOMŒOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA. CLASS 1866-67.

At a meeting of the graduating class on the evening of February 27th, it was agreed to form an Alumni Association, and hold meetings in Philadelphia at regularly stated times for the purposes of re-union and mutual conference.

Accordingly, a Committee was appointed to draft a Constitution and By-Laws. On the following day a meeting was convened at 3 o'clock, P. M., and called to order by C. B. DREHER, M. D., on whose motion C. C. SLOCOMB, M. D., was appointed President and I. S. HALL, M. D., as Secretary *pro tem*.

The report of the Committee was accepted. The Constitution and By-Laws were read and adopted.

The election of officers was next in order, which resulted as follows:

C. C. SLOCOMB, M. D., *President*.

C. B. DREHER, M. D., *1st Vice-President*.

J. H. MCCLELLAND, M. D., *2d Vice-President*.

REV. G. E. GRAMM, M. D., *Recording Secretary*.

M. M. WALKER, M. D., *Corresponding Secretary*.

J. R. MCCLURE, M. D., *Treasurer*.

F. T. HAINES, M. D., *Orator*.

According to the Constitution, the next meeting will be held in five years from this time, on the third Thursday in February, at the Homœopathic Medical College in Philadelphia, while special annual meetings will be held regularly each February for the admission of members.

I. S. HALL, M. D.,

Secretary pro tem.

Those who have graduated heretofore, and all those who may graduate hereafter, are cordially invited to send in their names as members. The annual dues are twenty-five cents, which, with the name, may be sent to the Corresponding Secretary.

M. M. WALKER, M. D.,

Corresponding Secretary,

No. 5262 Main street, Germantown, Penn'a.

PHILADELPHIA HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY

ROBERT J. McCLATCHEY, M. D., SECRETARY.

The regular monthly meeting of this Society was held at the College Building, on Thursday evening, June 20th. Dr. RICHARD GARDINER, President, occupied the Chair.

Minutes of the last meeting were read and approved.

The Committee on Resolutions in regard to the death of Dr. LEECH made a report, which was on motion accepted, and the Committee discharged.

Dr. FROST reported on behalf of delegates to the American Institute of Homœopathy.

The preamble and resolutions of Dr. C. S. MIDDLETON, looking to the formation of a Physicians' Protective Union, and laid over from last meeting, were taken up, and, on motion of Dr. VON TAGEN, referred to the Committee on Fee-bill.

Dr. ADOLPH LIPPE then read an elaborate, forcible, and highly-interesting essay on "*Objective Symptoms*," on which there ensued an animated and interesting debate.

Dr. C. H. VON TAGEN said: I have heard a great deal said about subjective and objective symptoms, but have hitherto taken no active part in the various discussions. Webster defines the two words as follows: "*Objective, literally relates or pertains to an object.*" Objective symptoms are those then that we can observe for ourselves. "*Subjective—applied to those internal states of thought or feeling of which the mind is the subject,—opposed to objective.*" Subjective symptoms are those then that we derive by means of questions addressed to the patient.

While I do not wish to be understood as under-estimating subjective, nor yet as over-estimating objective symptoms, experience has taught me to value the latter equally with the former. The tenor and gist of Dr. LIPPE's paper appears to me to be an effort to laud the *subjective* far above and at the expense of the *objective symptoms*. In the text-book of *Materia Medica*, of which he is the acknowledged compiler, he arrays *objective* and *pathological* symptoms alongside of *subjective*, and calls them all "*characteristics*." What is meant by characteristic symptoms? By such are meant symptoms always to be derived from repeated provings, and which are peculiar, if not entirely, at least nearly so, to the remedy in question, and which mark and distinguish one remedy from another.

Under the characteristics of *Lycopodium*, one of Dr. LIPPE's most favored remedies, we find that, of the two hundred and eighty symptoms credited to that remedy, ninety-seven are objective; and of these not a few are mere pathological phrases, some of which are emphasized by the author. Under *Lachesis* we find of the one hundred and fifty symptoms given in the text-book, forty-eight at least are objective, and some mere pathological phrases. Not to occupy too much time or prolong this point, I will adduce one more instance,—*Pulsatilla*. Of two hundred and twenty-nine symptoms, seventy-five are purely objective, purely pathological, or of a mixed character. Of each of these reme-

dies, about one-third, or thirty-three per cent., are of the character to which exception appears to be taken and objection is raised in Dr. LIPPE's remarks. Similar remarks apply to other remedies, in proportion as they have proven their value in practice.

I should like to know from what source could we obtain such symptoms as are furnished us from Old School works on toxicology? and how could we select a remedy for *Hydrocephalus*, particularly in an advanced stage, with any degree of accuracy, did not we avail ourselves of such resources as toxicology affords us in the shape of objective symptoms? And I go a step farther, and include pathology as a source of equal value.

Again, let me ask, how it is possible to obtain a correct diagnosis, or distinguish between organic and functional diseases of the heart and lungs without the use of auscultation, mediate or immediate? I was asked only yesterday, while in converse with an Allopathic physician, who had called on me for the purpose of obtaining some information regarding Homeopathy, How did we obtain such symptoms from our provings as would guide us in the selection of a proper remedy in a case of hydrocephalus? My reply was, To toxicology do we look for light and guidance. In this, and similar complaints, in my humble judgment, subjective symptoms are subservient to objective, and are mere offshoots, the former to the latter, as are the twigs of a plant to the main trunk.

Dr. LIPPE said: The answer to all the Doctor's inquiries may be found in the paper I have just read. No person who has heard me can have possibly understood me to discard objective symptoms. I did not say so and did not mean so.

Dr. VON TAGEN explained that he did not charge this to Dr. LIPPE, but that he desired to over-estimate the value of subjective at the expense of objective symptoms, while making free use of the latter in his work on *Materia Medica*.

Dr. LIPPE asked whether the Doctor had understood him to discard objective symptoms, and if he had to answer that in the negative, all the conclusions he had drawn from this first proposition were wrong; the proposition being one nobody could possibly entertain who heard the reading of the paper. That he did mean to say and did say that objective symptoms must be taken at their full value. He reiterated that our *Materia Medica* did contain objective symptoms, and that he had shown by analysis how they were incorporated into our *Materia Medica*. How, from the subjective symptoms of *Platina* and *Apis* the objective symptoms were produced. He objected to prescribe for a name of a disease or for one objective symptom alone. An indurated uterus did not indicate always *Platina*, but *Platina* would cure if the other subjective symptoms were present; if they were not present, it would do no good. To prove a remedy till the objective symptom, hydrocephalus, is deduced, would be criminal. It would require poisonous doses of *Hyoscyamus* or *Hellebore* to produce hydrocephalus. We learned to cure this, as well as other diseases, by making proper use of the subjective similar symptoms the remedy produced in well persons. We must remember that the similar remedy must not necessarily correspond with the *cause*, but it must correspond with the *form*.

Dr. VON TAGEN. We are illy prepared to disregard characteristic symptoms; and, as objective and pathological symptoms are placed alongside of and included under the heading of "*characteristics*," with subjective symptoms, I do not understand how we can afford to slight or disregard, much less discard them. I agree with Dr. LIPPE when

saying he does not approve of giving a remedy until hydrocephalus is produced. I much prefer to appeal to such proofs as are furnished by accidental provers. Without them we would be groping in the dark. I deem this a much safer and more accurate source to look to than to such meagre light as is furnished by concomitant symptoms. I was recently called to a case in which cerebral organic lesion existed. How could I comprehend such a state of affairs without the aid of pathology and objective symptoms. Dr. LIPPE has seen fit to avail himself of, and incorporate pathological and objective with, subjective symptoms in the light of characteristics. Why are they then not to be regarded as of equal value with the latter? How can the Doctor reconcile his views of to-night with those laid down in the text-book.

Dr. LIPPE again replied: The objective symptoms point only to a series of remedies. We must then individualize and be guided by the other—*subjective*—symptoms, forming in this totality a true picture of the diseased condition of the patient. What good does it do us to know that we have before us a case of hydrocephalus, and to know that *Belladonna*, *Hyoscyamus*, *Hellebore*, *Stramonium*, *Digitalis*, *Opium*, etc., have produced and cured that form of disease, except that the subjective symptoms will lead the individualizing physician to find the curative truly Homœopathic remedy? We must individualize; get all the symptoms, and prescribe for the patient, not the disease. The subjective characteristic symptoms of the patient will indicate the remedy.

Dr. J. H. P. FROST said: This discussion of the relative importance of objective and subjective symptoms bids fair to become confused and indeterminate, from want of a precise distinction in respect to the terms employed. And before so generally dividing symptoms into subjective and objective, we should examine their natural history and essential nature. From this point of view, we may arrange all symptoms in three classes,—which although they will run into each other, may be sufficiently well distinguished for our present purpose.

First, *sensational symptoms*; painful sensations; of which we are conscious long before any disorder of function, or disease of structure can be distinguished; these are necessarily subjective.

Second, *functional symptoms*; or those indicative of functional derangement, these may be, and in fact usually are, both subjective and objective; and they constitute a very large portion of the diseases which we have to treat. Thus indigestion, a disorder of the function of digestion, may be subjective in the painful sensations which it occasions, and objective in the flatulent eructations and other demonstrations which it causes. The functional symptoms may also be seen to constitute the second stage of development of disease. Thus a deep-seated pain in the chest may for months indicate the existence of a strong disposition to the formation of tuberculous matter; subsequently a certain dulness on percussion and diminution of the amount of respiration may indicate the actual presence of tuberculous formation.

Third, *symptoms of structural disorganization* indicate the ultimate development of disease, as in ulceration of the lung and decomposition of tubercle—these symptoms are principally objective. But in thus tracing the natural history of disease it is seen to be accumulative; for the functional symptoms are mostly also sensational or painful, while the ultimate or purely objective forms of disease are also painful or sensational in the highest degree; and at the same time occasion a total loss of the function of the parts which they involve.

In actual prescribing, the first attention must be given to the first or sensational symptoms,—which are purely subjective;—since they

are not only the first to make their appearance; but they continue to influence the whole course of the disease. But since in the great majority of cases we are only consulted when the disease has already passed from the first stage of purely sensational symptoms to that of combined sensational and functional symptoms,—we have in this great majority of cases to contend with both objective and subjective symptoms. In these cases this abstract distinction of objective is of no practical value, and in fact of no actual force whatever; for many symptoms may be either subjective or objective according to circumstances. Still it will be found that the absolutely subjective symptoms, the strictly sensational symptoms, are the truly determining ones in prescribing.

Let us now look a step farther at the absolutely objective symptoms, or those which represent the ultimate forms of disease. These are of the utmost value in forming a diagnosis; but in very many cases these structural disorganizations, these pathological hypertrophies, atrophies and new formations, represent incurable states of disease. And from this view of the natural history of disease, we conclude that while *all the symptoms* must always be taken into consideration in prescribing; and while in very many cases the primary and secondary forms of disease have already made their appearance, and while in these cases it may not be possible to distinguish always the objective from the subjective symptoms; we must still have the greatest respect for those primary, sensational and purely subjective symptoms which first make their appearance and which will continue to influence the case. And finally we must conclude that the system of treatment which is principally based upon the absolutely objective (pathological) symptoms, or those of structural disorganization, is as wrong in principle as it is fallacious in practice.

DR. VON TAGEN said that he did not claim precedence in relative value for objective symptoms, nor did he think that any one could have so understood him; but he contended that they are of equal value with the subjective in the general average of cases that present themselves in daily routine practice, and this is the only true basis to argue from. Isolated cases are not the true standard to judge from. It is very easy for any one to cite cases to suit or substantiate their own views; but in the main, as before intimated, I contend for equality in value. In what does the superiority claimed for subjective symptoms consist? Where is the line of distinction to be drawn?

DR. H. N. GUERNSEY. We may say of *Spongia*, *Iodine Mercurius* and some other medicines, that they produce *glandular swellings*, and we may agree that as far as that goes these glandular swellings are characteristic symptoms of those remedies. But knowing this, how near are we to the point of finding the remedy that will cure a given case? What is to determine which of these remedies we are to give? We are at first all at sea, until at last we come to some peculiar subjective symptom that we know belongs to one of the remedies, though not to all the others. The patient has glandular swelling, and in connection with that many other symptoms, and besides a particular symptom, sensational and subjective. Now, in finding that, we know positively and without the slightest shadow of a doubt what is to be the remedy.

Although we know glandular swelling to be a characteristic symptom of these remedies, yet of how little value is it to us until we find the *indicating, sensational, subjective symptom*.

He did not find it to be so necessary as is generally alleged, in order to find the Homœopathic remedy, to resort to the use of the *stethoscope*,

&c. He said to the patient, "How do you feel? Give me all your sensations." If he finds himself successful in eliciting symptoms which indicate in their totality a remedy, and which the pathogenesis of no other remedy contains, he feels certain that the true curative agent has been chosen, even though he has not placed a finger on the patient or applied his ear to the chest. If the subjective symptoms that cover the sensations of the patient are thoroughly investigated and obtained, and the similimum therefor discovered, a cure will follow its employment. This is the way that Hahnemann has taught us to investigate disease and treat patients.

Dr. LIPPE said : The text-book that I prepared to facilitate the study of the *Materia Medica*, and which I use as a foundation for my lectures, has been severely criticised because it contains objective symptoms. But upon a closer examination my learned colleague will find that the objective symptoms and pathological names do not stand alone. For instance : he will find *Gangrene* under *Arsenic* and *Secale cornutum*, and looking over the *Conditions* he will further find that all the symptoms are relieved by heat under *Arsenic*, and aggravated by heat under *Secale cornutum*. In a case of gangrene, in which the patient is anxious to have the affected part, say the toes, well wrapped up, *Secale* will surely do no good, but *Arsenic* will ; the pathological condition only calls the attention to some remedies, but the subjective symptoms decide the choice of the remedy. He called attention to the case of pneumonia cured by *Podophyllum*, and mentioned in his paper, having caused quite a stir in old England, because the pathological condition was not under the remedy, and although the patient lived, it was proclaimed that such cures would prove to be the grave of science.

Dr. VON TAGEN asked of what value are the *subjective* symptoms as compared with the *objective in cases of infants*. They cannot speak, and can therefore furnish us with objective symptoms only.

Dr. GUERNSEY said he would give an instance that would show what might be obtained from children who could not speak. He instanced a case of croup, a bad case, in which the child could not speak. The symptoms were peculiar, and the ordinary remedies did not seem to be indicated. Soon, however, he observed that one cheek was red and the other pale. Several remedies were indicated by this symptom, among them *Chamomilla*—but at last it came out that the child could not be pacified except by being walked rapidly up and down the room by the nurse, and that it breathed more freely while thus exercised. This decided, in connexion with the other symptom, that it was a case for *Chamomilla*. Who ever thinks of *Chamomilla* in Croup? This medicine was given, and the child was well in a very short time, whereas he had previously quite despaired of its life.

Dr. GEORGE R. STARKEY remarked—We cannot all hit the same mark unless we all aim at it. It appears to be the case now that some of us are aiming wide. Some speak of discarding objective symptoms and being governed by the subjective alone. For himself he did not believe that any physician thus practices. The author of the paper just read is certainly not one of those who discard the objective phenomena. On the contrary he gives great heed to them. He would instance the case of Dr. Lippe's son, convalescent from the war, in whose case a remedy was prescribed by the Doctor mainly from a peculiar eruption on the elbow joint, and of which a single dose produced such satisfactory action that no other remedy was given for several weeks. He could recal another illustrative case, one of apoplexy, in which there was no subjective symptoms to be had. This is a very different matter from saying a patient has congestion of the liver and prescribing for that. To illustrate the necessity there is sometimes for objective symptoms,

he cited a case from his own practice. The patient, a young lady, after every stool experienced a violent pain in the anus. He tried to cure the complaint by selecting a remedy by the subjective symptoms alone, but unsuccessfully. Finally he made an examination, and discovered a tumor near the anus that was evidently about to suppurate. He could not say that he discovered any symptoms of *Hepar* in the case, but he gave that medicine, and the patient was speedily relieved of the difficulty.

In treating diseases of the eye we are mostly guided by the subjective symptoms. Dr. S. thinks that the reason why Homœopathic Physicians are in the main not very successful in the treatment of this class of diseases is because they are not sufficiently skilled in investigating the objective phenomena, and until some skilful oculist arises in our ranks this will probably obtain.

Dr. Frost remarked: This discussion is like a *pic-nic*, to which each one brings his share of the entertainment, and the difference of opinion, more apparent than real, is just sufficient to give variety and interest to the debate. I wish to add but a single remark to what I have already said. While the Homœopathic law and the common consent of Homœopathic physicians require the careful consideration of *all the symptoms*, still I claim that the symptoms which are primary, purely sensational and absolutely subjective, are those which are of supreme importance. Such are those already referred to as determining the prescription even in infants; although objective to our apprehension they are essentially sensational and absolutely subjective in these little patients. Such are those truly subjective, sensational symptoms which determine the remedy in obscure forms of chronic disease, where pathology is entirely at fault. Such, finally, are all those supremely important, sensational and absolutely subjective conditions of time and circumstance. When we have collated all the objective symptoms of functional derangement and of structural disorganization, still the purely sensational, the absolutely subjective symptoms will be found to constitute the last appeal in the selection of the individual remedy for the individual case. This, which I believe to be in necessary accordance with the highest principles of Therapeutics, is confirmed by the experience, not only of the ablest and most successful Homœopathic physicians, but also by that of the great mass of the profession.

Dr. GUERNSEY said: What is health, and what is disease? There is an influx of life (subjective) which, on the one side, received in an orderly manner, results in health; and which, on the other side, received in a disorderly manner, results in disease. So the influx of subjective light and heat from the sun develops on the earth the objective forms of animate creation.

In like manner the subjective love and will of the father becomes efficient in the generative act, is embodied, becomes objective in the seminal embryo on the one side; so also in like manner the subjective affection of the mother inspires the ovules, becomes their soul, becomes objective in them. And so, finally, from the intimate vital union of these two objective forms there results the new creation, the new human being, whose subjective constitution corresponds throughout its whole subsequent life to the combined subjectivity of both its parents. And whose objective development in life, that is in forms of health or of disease, corresponds no less accurately to the objective development of both its parents, or of that one whose influence was predominant in conception.

Thus if we interpret these things correctly, and make the proper application to the subject before us, we shall see that the sphere of the subjective symptoms and conditions corresponds to the sphere of

causes, and that the sphere of objective symptoms corresponds to the sphere of results. These subjective symptoms, which are so closely allied to the cause of disease, are removed by Homœopathic treatment alone, and in this manner the objective or ultimate forms of disease are prevented. The proof of this is seen in the successful treatment of hereditary disease, in its prevention, its cure, and in its final eradication from the system.

Homœopathy is as yet but fifty years old; so far we have done much; but let us have three thousand years of observation and experience in the treatment of disease, and we shall then no longer find any objective symptoms at all. The race will then have become purified from disease, and all that is disorderly in the system, indicated subjectively, will be rectified long before it can become objective.

Dr. JACOB JEANES here made some remarks, principally in reference to the term *characteristic symptoms*, as used by Dr. Guernsey, and which he rather objected to. If a characteristic symptom is one that belongs to a remedy and that no other has, it is a very changeable thing, for as soon as another remedy is discovered that possesses that symptom, it ceases to be a characteristic.

Dr. GUERNSEY, in reply to Dr. Jeanes, stated that by *characteristic symptoms* he meant those that are characteristic in the particular case.

The hour of adjournment having arrived, the President made that announcement, when on motion the session was continued for fifteen minutes.

A motion was made by Dr. Frost and seconded, that when the Society adjourns, it does so to meet in September, as provided by the By-Laws, unless called together sooner by the President and Secretary in the event of the coming of the Cholera, or for other sufficient reason.

Dr. W. WILLIAMSON related two cases that he had had, and that occurred in the ironing-room of a large hotel, an over-heated, badly ventilated room. In the one there were writhing as from great pain, cramps, violent effort to vomit, great feeling of heat. This woman had eaten strawberries and drank freely of ice-water. In the other the patient complained of pricking pains in the abdomen, an inability to see and of being in the dark. The Doctor regarded these cases as perhaps indicative of the presence of the Cholera influence.

Dr. RICHARD GARDINER related a case that occurred in his practice about three weeks ago, and in which all the evidences of Cholera were well marked. The patient was taken violently early in the morning. Great pain and anguish in bowels; vomiting and purging of the so-called rice-water discharge; violent cramps, particularly in the lower extremities; skin cold; pinched appearance of the countenance, and *suppression of urine, continuing for twenty-four hours*. *Veratrum* 200 was given, and subsequently a higher potency. The symptoms gradually abated, and the patient finally got well. The Doctor called at the Health Office, and by the advice of the Registrar reported the case as one of Cholera. A visitor from the Board of Health, probably an Allopathic M. D., subsequently called at the house of the patient and made inquiries concerning the case, and returning to the Health Office made a note opposite to the record that it was a case of *Cholera Morbus*, *that the people were too clean to have Cholera*.

This patient had eaten freely the night before of fish-roe. The Doctor regarded it as a case of true Cholera. If it was not he would have none to report. He had never known a case of *Cholera Morbus* with such a suppression of urine.

The motion of Dr. Frost was hereupon withdrawn, and on motion the Society adjourned to meet on the third Thursday in July.

CENTRAL NEW YORK HOMŒOPATHIC MEDICAL
SOCIETY.

The second annual meeting of this Society was held at the office of Dr. WM. HENRY HOYT, in Syracuse, June 13th, 1867.

After the organization, calling of the roll, and reading of the minutes, the Committee on Credentials reported the names of Drs. P. O. C. BENSON, of Skaneateles, G. D. McMANUS, of Oswego, S. SPOONER, of Oneida, A. E. WALLACE, of Oneida, A. J. BREWSTER, of Cato, A. A. LEWIS, of De Ruyter, H. F. ADAMS, of Canastota, and H. MERA, of Plainville, who were elected members of the Society.

Dr. LEWIS noticed the death of Dr. HENRY C. HUBBARD, of Scott. Drs. LEWIS, POTTER, and HOYT were appointed a Committee to report resolutions appropriate to the occasion. Their report was adopted, and a copy ordered to be engrossed in the minutes of the Society, and another sent to the family of the deceased.

The President, Dr. CLARY, read part of an historical address on the Rise and Progress of Homœopathy in Onondaga county, in which he gave the history of its introduction and the struggle it had in getting a foothold in the county, himself being one of the foremost in condemning it. Dr. CLARY is the oldest resident Homœopathician in Onondaga county. The pioneers have all gone elsewhere.

Dr. BOYCE read a paper on Lachesis, in which he gave two cases which were cured by that remedy in a remarkably short time, and asking that the members should report all cases cured in their practice by Lachesis to him for publication. Dr. BOYCE desires to collect all the clinical results from Lachesis possible, in order to review it and collate all reported cures for use in practice, and publish it eventually.

Dr. POTTER related a case of croup which had made such progress, in spite of the remedies used, that the family had collected to see the patient die, when he gave Lachesis, and was surprised, in the course of one-half hour, to see the patient go to sleep instead. The peculiarities were great dryness of the throat and aggravation after a short sleep.

Dr. POTTER considers the great characteristics of Lachesis in throat diseases to be, "dry spots in the throat, and worse after sleep."

Dr. ADAMS related a case of hemorrhoids, where there was a tumor as large as a robin's egg, for which he gave Lachesis, and cured the disease permanently. The tumor disappeared after a time and never returned. This tumor had been present for years.

The Society holds sessions quarterly, and includes members from all the central counties of New York.

The object of the Society is purely practical, having as little business as possible of a parliamentary nature, devoting itself to reading papers, discussion, and reporting cases of cures.

The next meeting will be held at Syracuse, on the second Thursday of September, 1867, when we will be happy to see any good Homœopathic physician in the vicinity, or elsewhere.

C. W. BOYCE,
Secretary.

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TO THE

HAHNEMANNIAN MONTHLY.

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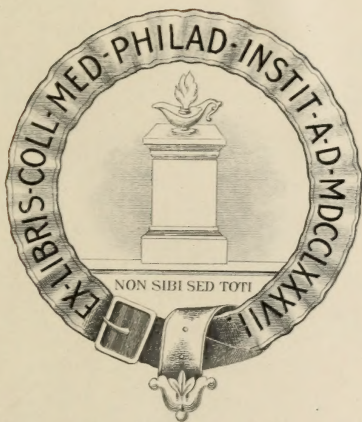
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